ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

FLORIDA

Part 2

MIAMI SPRINGS TO ZEPHYRHILLS

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Pt. 2

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

FLORIDA

Part 2

MIAMI SPRINGS TO ZEPHYRHILLS

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Overview of Nursing Home Licensure Program

The Office of Licensure and Certification (OLC) of the State of Florida, Department of Health and Rehabilitative Services (DHRS) uniformly administers statewide programs under applicable laws, rules, standards, and codes by licensing, certifying, registering or permitting of facilities, persons, or enterprises providing health care, personal care, public usage, or for consumer protection toward protecting the health and safety of individuals and their families.

As adjuncts to the nursing home licensure process, OLC also performs requisite licensure surveys; oversees plans review and construction requirements; maintains a nursing home rating system; prepares administrative complaints; imposes sanctions, responds to complaints from the general public, and all other activities ancillary to licensure requirements.

For all facilities applying for original licensure, the Office of Licensure and Certification conducts on-site surveys of compliance with both Federal and State guidelines. For those facilities wishing to participate in the Medicare and Medicaid programs, these surveys encompass the program certification requirements.

For those facilities wishing to renew their annual operating license and recertification, unannounced annual on-site surveys are performed toward the end of the licensure and certification year (usually 90 days prior) for which a license has been granted.

Nursing home licensure requirements for both initial and renewal licenses are found in Chapter 400, F.S. and Chapter 10D-29, F.A.C. In addition to information concerning ownership and fiscal matters; staffing and consultants; activities program; and patient care and life-safety code requirements, these requirements also cover: patient's personal funds and property; patient's rights and personal affairs; prohibition against bribes and kickbacks; administration and management; maintenance and availability of records; and various punitive sanctions.

2727 MAHAN DRIVE • TALLAHASSEE, FLORIDA 32308

BOB MARTINEZ, GOVERNOR
GREGORY L. COLER, SECRETARY

OLC functions are performed out of four Area Offices located as follows:

1. Jacksonville Area Office
   P. O. Box 210
   Jacksonville, FL 32231
   904/359-6046

2. Winter Park Area Office
   1350 Orange Avenue, Suite III
   Winter Park, FL 32789
   407/647-7010

3. Tampa Area Office
   7827 N. Dale Mabry Highway
   Tampa, FL 33614
   813/272-3440

4. Miami Area Office
   401 N.W. 2nd Ave.,, North Tower, Rm 526
   Miami, FL 33128
   305/377-7100

The Director and support staff are located in the Central Office Director, Office of Licensure & Certification, 2727 Mahan Drive, Tallahassee, FL 32309, (904) 487-2527 and maintain line authority over the four Area Office Supervisors. Central Office serves in a supervisory and consultative roles to the Area Offices, whose staff performs the actual site visits to license and certify Nursing Homes. Staff performs surveys; follow-ups; rating evaluations; consultative and educational visits; and complaint investigations; their findings and recommendations are sent through their Supervisor to the Director for approval and appropriate action.

Overview of Enforcement System

The Office of Licensure & Certification has punitive powers for noncompliance with statutes, rules and regulations in the form of sanctions as follows:

1. Denial of License-Chapter 400.121, Florida Statutes
2. Suspension of License-Chapter 400.121, Florida Statutes
3. Revocation of License-Chapter 400.121, Florida Statutes
4. Moratorium on Admissions-Chapter 400.121, Florida Statutes
5. Administrative Fines-Chapter 400.121, Florida Statutes
6. Injunctive Proceedings-Chapter 400.125, Florida Statutes
7. Receivership Proceedings-Chapter 400.126, Florida Statutes

Note: The Application of administrative sanctions is subject to Chapter 120, Florida Statutes (Administrative Procedures Act), whereby each licensee must receive reasonable notice, and be given an adequate opportunity to request a fair hearing.

Facilities found not in compliance during inspections are issued deficiency statements and such deficiencies are classified in accordance with Florida Statutes. Class I Deficiencies, those which are an immediate threat to life and/or safety of residents, are the most serious and require immediate action. Class II Deficiencies are those which pose a clear and imminent danger to safety and well-being; these require correction within a short time frame, usually to a maximum of two weeks. Class III Deficiencies are those which pose no clear or imminent danger to safety and well-being, either direct of potential; these require correction usually within a maximum of 30 days.

As a result of the licensure inspections and during the pre-exit interview and exit interviews, the State directs that the problem be corrected within the stated time frame. The actual methodology of correction is left to the provider. The emphasis is on the outcome of the correction effort; i.e., the correction of the problem.

At the follow-up visit, only those cited items are reexamined to determine compliance. An exit interview is held during which the facility is told whether it has achieved compliance or not and is advised of the consequences of any noncompliance. Any uncorrected State deficiencies are then recommended for sanctions. The civil penalty that is imposed may vary from a minimum of $100.00 to a maximum of $5,000.00.

At this time, the rating (Superior, Standard, Conditional) will be adjusted to reflect the findings of the follow-up survey, and a rating recommendation will be sent to Central Office for processing. The facility will be notified whether their rating will remain the same or be changed. Any change will result in the issuance of a changed license. Full appeal rights for any rating change or licensure follow-up visits are available to the facility upon request.

Class I deficiencies, those posing an imminent danger to residents or guests of the Nursing Home, shall be reported to the Administrator immediately upon discovery and must be abated immediately. A fixed time frame for correction may be granted (dependent upon the severity and threat to health, safety, and welfare) by the Department. Civil penalties of not less than $1,000.00 nor more than $5,000.00 for each deficiency may be levied, even though the deficiencies are corrected.

Class II deficiencies, those having a direct or immediate relationship to the health, safety, or security of the residents and are not Class I, shall be reported to the Administrator during or upon completion of the survey and must be corrected within a mandated time frame. If corrected within the mandated time, no civil penalty is imposed (unless a repeat offense;) if uncorrected, a civil penalty of not less than $500.00 nor more than $1,000.00 (for each deficiency) may be levied.

Class III deficiencies, those having an indirect or potential relationship to the health, safety, or security of the residents and are not Class I or II, shall be reported to the Administrator during or upon completion of the survey and must be corrected within a mandated time frame. If corrected within the mandated time, no civil penalty is imposed (unless a repeat offense); if uncorrected, a civil penalty of not less than $100.00 nor more than $500.00 (for each deficiency) may be levied.

Resources Available to Consumers

- State survey offices in Jacksonville, Winter Park, Tampa and Miami, previously listed. State Health Department located in each of Florida's 67 counties may be located by contacting the HRS Deputy Assistant Secretary for Health, 1317 Winewood Blvd., Bldg. 1, Tallahassee, FL 32399, (904) 487-2705.
- Resident advocate council, State Long-Term Care Ombudsman Counsel, 1317 Winewood Blvd., Room 308, Tallahassee, FL 32399, (904) 488-6190.
- Nursing Home Complaint "hot line" number 1-800-342-9152 **(24 hr. toll free for Abuse of the Elderly).**
- Medicaid Fraud & Abuse (Program Integrity), state office (904) 487-2355, routinely monitor providers through utilization and peer review process as well as surveillance. Initiates investigations based on outcomes of program monitoring and/or complaints received.
- Nursing home survey results may be obtained from OLC licensure offices in Jacksonville, Winter Park, Tampa and Miami as previously listed.
- Aging & Adult Services, state office (904) 488-8922, Intake offices are located throughout the state in each HRS District and Sub-District. Clients are screened for eligibility (medical & financial), through the Adult Payments Office or CARES unit, and are placed with appropriate community social programs inclusive of skilled nursing facilities.
- Other state programs related to nursing home quality of care include Medicaid Inspection of Care (IOC) Program, Deputy Assistant Secretary for Medicaid, 1317 Winewood Blvd., Bldg. 6, Room 242, Tallahassee, FL 32399, (904) 488-9990.
- For nursing home cost related problems, Hospital Cost Containment Board, 325 John Knox Road, Bldg. L, Suite 101, Tallahassee, FL 32303, (904) 488-1295.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
FAIR HAVENS CENTER

Street Address: 201 CURTISS PARKWAY	**City and State:** MIAMI SPRINGS FL 33166

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 269	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 248	**Medicare Residents:** 1	**Medicaid Residents:** 164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	69.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	208	83.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	188	75.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	189	76.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	175	70.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	4.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	161	64.9	36.9	37.7
Completely bedfast residents.	7	2.8	3.0	3.4
Residents confined to chairs.	64	25.8	49.3	50.8
Residents requiring restraints.	121	48.8	40.4	41.3
Confused or disoriented residents.	153	61.7	61.2	58.4
Residents with bed sores.	21	8.5	7.0	7.1
Residents receiving special skin care.	50	20.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDY RIDGE CARE CENTER

Street Address: 101 GLOVER LANE	**City and State:** MILTON FL 32570

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	13.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	54	91.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	83.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	61.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	69.5	36.9	37.7
Completely bedfast residents.	6	10.2	3.0	3.4
Residents confined to chairs.	43	72.9	49.3	50.8
Residents requiring restraints.	49	83.1	40.4	41.3
Confused or disoriented residents.	42	71.2	61.2	58.4
Residents with bed sores.	1	1.7	7.0	7.1
Residents receiving special skin care.	3	5.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA ROSA CONVALESCENT CENTER

Street Address: 500 BROAD ST	**City and State:** MILTON FL 32570

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	83.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	80.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	80.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	82.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	71.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	10.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	46.0	36.9	37.7
Completely bedfast residents.	6	5.3	3.0	3.4
Residents confined to chairs.	75	66.4	49.3	50.8
Residents requiring restraints.	59	52.2	40.4	41.3
Confused or disoriented residents.	79	69.9	61.2	58.4
Residents with bed sores.	4	3.5	7.0	7.1
Residents receiving special skin care.	49	43.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON NURSING CENTER

Street Address: HIGHWAY 19 N		**City and State:** MONTICELLO FL 32344	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	81.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	94.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	24	44.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	92.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	79.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	81.5	36.9	37.7
Completely bedfast residents.	1	1.9	3.0	3.4
Residents confined to chairs.	42	77.8	49.3	50.8
Residents requiring restraints.	38	70.4	40.4	41.3
Confused or disoriented residents.	38	70.4	61.2	58.4
Residents with bed sores.	3	5.6	7.0	7.1
Residents receiving special skin care.	10	18.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR OF MONTICELLO

Street Address: RT 1 BOX 21 HWY 19 SOUTH	**City and State:** MONTICELLO FL 32344

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	69.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	88.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	84.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	61.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	46.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	15.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	11	42.3	49.3	50.8
Residents requiring restraints.	10	38.5	40.4	41.3
Confused or disoriented residents.	11	42.3	61.2	58.4
Residents with bed sores.	4	15.4	7.0	7.1
Residents receiving special skin care.	6	23.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT DORA HEALTHCARE CENTER

Street Address: 1550 BROWN AVE		**City and State:** MOUNT DORA FL 32757	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 4	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	75.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	88	80.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	71.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	62.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	13.8	36.9	37.7
Completely bedfast residents.	3	2.8	3.0	3.4
Residents confined to chairs.	46	42.2	49.3	50.8
Residents requiring restraints.	56	51.4	40.4	41.3
Confused or disoriented residents.	55	50.5	61.2	58.4
Residents with bed sores.	5	4.6	7.0	7.1
Residents receiving special skin care.	28	25.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTH CARE CENTER

Street Address: 3601 LAKEWOOD BLVD		**City and State:** NAPLES FL 33942	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	1	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	75.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	68	75.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	71.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	40.0	36.9	37.7
Completely bedfast residents.	2	2.2	3.0	3.4
Residents confined to chairs.	66	73.3	49.3	50.8
Residents requiring restraints.	48	53.3	40.4	41.3
Confused or disoriented residents.	56	62.2	61.2	58.4
Residents with bed sores.	6	6.7	7.0	7.1
Residents receiving special skin care.	27	30.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTH CARE CTR

Street Address: 777 9TH ST		**City and State:** NAPLES FL 33940	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	1	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	82.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	75	84.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	67	75.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	83.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	68.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	30.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	42	47.2	49.3	50.8
Residents requiring restraints.	25	28.1	40.4	41.3
Confused or disoriented residents.	56	62.9	61.2	58.4
Residents with bed sores.	10	11.2	7.0	7.1
Residents receiving special skin care.	24	27.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESIDE PLANTATION

Street Address: 2900 12TH STREET NORTH	**City and State:** NAPLES FL 33940

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	78.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	67	71.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	72.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	71.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	81.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	7.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	53.2	36.9	37.7
Completely bedfast residents.	4	4.3	3.0	3.4
Residents confined to chairs.	66	70.2	49.3	50.8
Residents requiring restraints.	50	53.2	40.4	41.3
Confused or disoriented residents.	72	76.6	61.2	58.4
Residents with bed sores.	4	4.3	7.0	7.1
Residents receiving special skin care.	47	50.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LELY PALMS OF NAPLES

Street Address: 1000 LELY PALMS DRIVE		**City and State:** NAPLES FL 33962	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	66.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	62	73.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	40	47.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	70.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	63.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.2	36.9	37.7
Completely bedfast residents.	1	1.2	3.0	3.4
Residents confined to chairs.	37	44.0	49.3	50.8
Residents requiring restraints.	20	23.8	40.4	41.3
Confused or disoriented residents.	44	52.4	61.2	58.4
Residents with bed sores.	8	9.5	7.0	7.1
Residents receiving special skin care.	8	9.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOORINGS PARK NH

Street Address: 120 MOORINGS PARK DR	**City and State:** NAPLES FL 33942

Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	75.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	80.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	40	71.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	73.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	78.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	36.9	37.7
Completely bedfast residents.	3	5.4	3.0	3.4
Residents confined to chairs.	17	30.4	49.3	50.8
Residents requiring restraints.	29	51.8	40.4	41.3
Confused or disoriented residents.	51	91.1	61.2	58.4
Residents with bed sores.	1	1.8	7.0	7.1
Residents receiving special skin care.	28	50.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATHER HILLS NH

Street Address: 1151 E KY AVE	**City and State:** NEW PORT RICHEY FL 33552

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	87.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	99.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	90.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	95.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	34.0	36.9	37.7
Completely bedfast residents.	7	7.0	3.0	3.4
Residents confined to chairs.	60	60.0	49.3	50.8
Residents requiring restraints.	54	54.0	40.4	41.3
Confused or disoriented residents.	73	73.0	61.2	58.4
Residents with bed sores.	9	9.0	7.0	7.1
Residents receiving special skin care.	15	15.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORCHARD RIDGE NURSING CENTER

Street Address: 700 TROUBLE CREEK ROAD		**City and State:** NEW PORT RICHEY FL 33552	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	8	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	94.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	93	88.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	78.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	86.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	71.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	26.7	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	94	89.5	49.3	50.8
Residents requiring restraints.	64	61.0	40.4	41.3
Confused or disoriented residents.	64	61.0	61.2	58.4
Residents with bed sores.	3	2.9	7.0	7.1
Residents receiving special skin care.	27	25.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK LAKE VILLAGE CARE CENTER

Street Address: 8417 COUNTY ROAD 54	**City and State:** NEW PORT RICHEY FL 33552

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	4.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	70	93.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	74.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	61.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	81.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	30.7	36.9	37.7
Completely bedfast residents.	2	2.7	3.0	3.4
Residents confined to chairs.	41	54.7	49.3	50.8
Residents requiring restraints.	30	40.0	40.4	41.3
Confused or disoriented residents.	44	58.7	61.2	58.4
Residents with bed sores.	6	8.0	7.0	7.1
Residents receiving special skin care.	15	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICHEY MANOR NH

Street Address: 505 INDIANA AVE	**City and State:** NEW PORT RICHEY FL 33552

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 4	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	82.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	104	89.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	100	86.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	87.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.6	36.9	37.7
Completely bedfast residents.	11	9.5	3.0	3.4
Residents confined to chairs.	94	81.0	49.3	50.8
Residents requiring restraints.	64	55.2	40.4	41.3
Confused or disoriented residents.	68	58.6	61.2	58.4
Residents with bed sores.	13	11.2	7.0	7.1
Residents receiving special skin care.	22	19.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHERN PINES NURSING CENTER

Street Address: 312 S CONGRESS ST		**City and State:** NEW PORT RICHEY FL 33552	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	74.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	95	90.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	89.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	90.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	83.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	29	27.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	45.7	36.9	37.7
Completely bedfast residents.	6	5.7	3.0	3.4
Residents confined to chairs.	46	43.8	49.3	50.8
Residents requiring restraints.	51	48.6	40.4	41.3
Confused or disoriented residents.	72	68.6	61.2	58.4
Residents with bed sores.	13	12.4	7.0	7.1
Residents receiving special skin care.	16	15.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHISPERING PINES NURSING CENTER

Street Address: 8151 TREELET COURT	**City and State:** NEW PORT RICHEY FL 33552

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	84.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	35	79.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	31	70.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	70.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	31	70.5	49.3	50.8
Residents requiring restraints.	18	40.9	40.4	41.3
Confused or disoriented residents.	21	47.7	61.2	58.4
Residents with bed sores.	2	4.5	7.0	7.1
Residents receiving special skin care.	44	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEAN VIEW NH

Street Address: 2810 S ATLANTIC AVE	**City and State:** NEW SMYRNA BEACH FL 32069

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 16	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	89.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	83.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	81.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	74.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	75.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	45.6	36.9	37.7
Completely bedfast residents.	6	3.5	3.0	3.4
Residents confined to chairs.	76	44.4	49.3	50.8
Residents requiring restraints.	75	43.9	40.4	41.3
Confused or disoriented residents.	98	57.3	61.2	58.4
Residents with bed sores.	20	11.7	7.0	7.1
Residents receiving special skin care.	137	80.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY HERITAGE NURSING & CONV HOME

Street Address: 115 HART ST	**City and State:** NICEVILLE FL 32578

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	98.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	80.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	78.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	76.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	45.0	36.9	37.7
Completely bedfast residents.	6	10.0	3.0	3.4
Residents confined to chairs.	14	23.3	49.3	50.8
Residents requiring restraints.	29	48.3	40.4	41.3
Confused or disoriented residents.	51	85.0	61.2	58.4
Residents with bed sores.	1	1.7	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TREASURE ISLE CONVALESCENT HOME

Street Address: 1735 N TREASURE DRIVE	**City and State:** NORTH BAY VILLAGE FL 33141

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 3	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	82.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	150	87.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	126	73.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	75.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	72.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	104	60.8	36.9	37.7
Completely bedfast residents.	9	5.3	3.0	3.4
Residents confined to chairs.	83	48.5	49.3	50.8
Residents requiring restraints.	29	17.0	40.4	41.3
Confused or disoriented residents.	132	77.2	61.2	58.4
Residents with bed sores.	7	4.1	7.0	7.1
Residents receiving special skin care.	15	8.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE PINES VILLAGE CARE CENTER

Street Address: 991 PONDELLA ROAD	**City and State:** NORTH FORT MYERS FL 33903

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 1	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	25.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	98.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	97.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	87.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	28.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	34	42.5	49.3	50.8
Residents requiring restraints.	40	50.0	40.4	41.3
Confused or disoriented residents.	68	85.0	61.2	58.4
Residents with bed sores.	4	5.0	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BNAI ISREAL REHAB AND CONVAL CTR

Street Address: 18905 NE 25TH AVE		**City and State:** NORTH MIAMI BEACH FL 33180	
Participation: MEDICARE SNF	**# of Beds:** 14	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	86.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	25	86.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	23	79.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	72.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	79.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	17	58.6	49.3	50.8
Residents requiring restraints.	8	27.6	40.4	41.3
Confused or disoriented residents.	11	37.9	61.2	58.4
Residents with bed sores.	5	17.2	7.0	7.1
Residents receiving special skin care.	11	37.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARIDGE HOUSE

Street Address: 13900 NE 3RD COURT		**City and State:** NORTH MIAMI FL 33161	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	5	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	183	89.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	174	84.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	168	82.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	83.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	57.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	23.4	36.9	37.7
Completely bedfast residents.	26	12.7	3.0	3.4
Residents confined to chairs.	89	43.4	49.3	50.8
Residents requiring restraints.	81	39.5	40.4	41.3
Confused or disoriented residents.	118	57.6	61.2	58.4
Residents with bed sores.	12	5.9	7.0	7.1
Residents receiving special skin care.	21	10.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR

Street Address: 1255 NE 135TH ST	**City and State:** NORTH MIAMI FL 33161

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 221	**Medicare Residents:** 0	**Medicaid Residents:** 194

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	181	81.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	203	91.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	196	88.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	88.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	191	86.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	5.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	183	82.8	36.9	37.7
Completely bedfast residents.	4	1.8	3.0	3.4
Residents confined to chairs.	163	73.8	49.3	50.8
Residents requiring restraints.	134	60.6	40.4	41.3
Confused or disoriented residents.	134	60.6	61.2	58.4
Residents with bed sores.	11	5.0	7.0	7.1
Residents receiving special skin care.	11	5.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MARIA NURSING & REHAB CENTER

Street Address:
1050 NE 125TH ST

City and State:
NORTH MIAMI FL 33161

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
212

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
189

Medicare Residents:
42

Medicaid Residents:
24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	84.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	95.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	158	83.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	94.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	82.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	3.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	142	75.1	36.9	37.7
Completely bedfast residents.	4	2.1	3.0	3.4
Residents confined to chairs.	162	85.7	49.3	50.8
Residents requiring restraints.	88	46.6	40.4	41.3
Confused or disoriented residents.	157	83.1	61.2	58.4
Residents with bed sores.	22	11.6	7.0	7.1
Residents receiving special skin care.	36	19.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUALITY HEALTH CARE CENTER

Street Address: 555 N PAN AMERICAN BLVD		**City and State:** NORTH PORT FL 33596	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	4	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	74.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	60	63.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	67.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	71.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.5	36.9	37.7
Completely bedfast residents.	2	2.1	3.0	3.4
Residents confined to chairs.	46	48.9	49.3	50.8
Residents requiring restraints.	50	53.2	40.4	41.3
Confused or disoriented residents.	81	86.2	61.2	58.4
Residents with bed sores.	6	6.4	7.0	7.1
Residents receiving special skin care.	30	31.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HORIZON REHABILITATIVE CENTER

Street Address: 635 SE 17TH ST	**City and State:** OCALA FL 32670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 5	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	72.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	82.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	82.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	85.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	63.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	44.8	36.9	37.7
Completely bedfast residents.	7	8.0	3.0	3.4
Residents confined to chairs.	53	60.9	49.3	50.8
Residents requiring restraints.	52	59.8	40.4	41.3
Confused or disoriented residents.	39	44.8	61.2	58.4
Residents with bed sores.	9	10.3	7.0	7.1
Residents receiving special skin care.	15	17.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKHURST MANOR NSG CTR

Street Address: 1501 SE 24TH ROAD	**City and State:** OCALA FL 32671

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	85.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	85.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	98	81.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	80.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	68.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	41.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	54	45.0	49.3	50.8
Residents requiring restraints.	63	52.5	40.4	41.3
Confused or disoriented residents.	4	3.3	61.2	58.4
Residents with bed sores.	4	3.3	7.0	7.1
Residents receiving special skin care.	24	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCALA GERIATRIC CENTER

Street Address: 1201 SE 24TH ROAD	**City and State:** OCALA FL 32670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	90.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	91.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	142	88.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	88.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	87.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	113	70.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	66	41.2	49.3	50.8
Residents requiring restraints.	136	85.0	40.4	41.3
Confused or disoriented residents.	122	76.2	61.2	58.4
Residents with bed sores.	9	5.6	7.0	7.1
Residents receiving special skin care.	148	92.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCALA HEALTHCARE CENTER

Street Address: 2021 SW 1ST AVE	**City and State:** OCALA FL 32670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 3	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	94.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	87	72.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	71.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	76.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.3	36.9	37.7
Completely bedfast residents.	4	3.3	3.0	3.4
Residents confined to chairs.	52	43.3	49.3	50.8
Residents requiring restraints.	32	26.7	40.4	41.3
Confused or disoriented residents.	42	35.0	61.2	58.4
Residents with bed sores.	12	10.0	7.0	7.1
Residents receiving special skin care.	81	67.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDEN

Street Address: 3400 SW 27TH AVENUE	**City and State:** OCALA FL 32678

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 5	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	74.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	81.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	77.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	72.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	36.2	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	24	41.4	49.3	50.8
Residents requiring restraints.	23	39.7	40.4	41.3
Confused or disoriented residents.	31	53.4	61.2	58.4
Residents with bed sores.	7	12.1	7.0	7.1
Residents receiving special skin care.	17	29.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SURREY PLACE CONVALESCENT CENTER

Street Address: 4100 SW 33RD AVE	**City and State:** OCALA FL 32678

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 1	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	70.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	28	93.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	24	80.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	76.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	63.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	36.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	15	50.0	49.3	50.8
Residents requiring restraints.	8	26.7	40.4	41.3
Confused or disoriented residents.	12	40.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	14	46.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OKEECHOBEE HEALTH CARE FACILITY

Street Address: 1646 HWY 441 N		**City and State:** OKEECHOBEE FL 33472	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	75.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	92	80.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	62.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	61.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	6.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.7	36.9	37.7
Completely bedfast residents.	5	4.3	3.0	3.4
Residents confined to chairs.	50	43.5	49.3	50.8
Residents requiring restraints.	42	36.5	40.4	41.3
Confused or disoriented residents.	33	28.7	61.2	58.4
Residents with bed sores.	12	10.4	7.0	7.1
Residents receiving special skin care.	3	2.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST BAY NURSING CENTER

Street Address: 400 STATE ROAD 584 WEST		**City and State:** OLDSMAR FL 33557	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 2	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	81.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	77.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	62.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	66.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	64.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	42.2	49.3	50.8
Residents requiring restraints.	32	27.6	40.4	41.3
Confused or disoriented residents.	63	54.3	61.2	58.4
Residents with bed sores.	8	6.9	7.0	7.1
Residents receiving special skin care.	18	15.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN KNOX VILLAGE MEDICAL CENTER

Street Address: 101 NORTHLAKE DRIVE		**City and State:** ORANGE CITY FL 32763	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	66.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	79.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	62.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	22	22.0	49.3	50.8
Residents requiring restraints.	27	27.0	40.4	41.3
Confused or disoriented residents.	37	37.0	61.2	58.4
Residents with bed sores.	5	5.0	7.0	7.1
Residents receiving special skin care.	23	23.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY POINT MANOR

Street Address: 833 KINGSLEY AVE		**City and State:** ORANGE PARK FL 32073	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	64.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	71.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	66.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	42.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	8.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	8.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	19	42.2	49.3	50.8
Residents requiring restraints.	7	15.6	40.4	41.3
Confused or disoriented residents.	17	37.8	61.2	58.4
Residents with bed sores.	2	4.4	7.0	7.1
Residents receiving special skin care.	26	57.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGE PARK CARE CENTER

Street Address: 2019 KINGSLEY AV	**City and State:** ORANGE PARK FL 32073

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 1	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	96	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	65	67.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	59.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	10.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	42.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	75	78.1	49.3	50.8
Residents requiring restraints.	32	33.3	40.4	41.3
Confused or disoriented residents.	30	31.3	61.2	58.4
Residents with bed sores.	6	6.3	7.0	7.1
Residents receiving special skin care.	25	26.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTH CARE CENTER

Street Address: 2414 BEDFORD RD	**City and State:** ORLANDO FL 32803

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 2	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	88.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	74	88.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	88.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	85.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	84.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	26.2	36.9	37.7
Completely bedfast residents.	4	4.8	3.0	3.4
Residents confined to chairs.	22	26.2	49.3	50.8
Residents requiring restraints.	24	28.6	40.4	41.3
Confused or disoriented residents.	24	28.6	61.2	58.4
Residents with bed sores.	8	9.5	7.0	7.1
Residents receiving special skin care.	10	11.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PARK VILLAGE HEALTH CARE CEN

Street Address: 9309 S HIGHWAY 441		**City and State:** ORLANDO FL 32821	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	82.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	77.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	71.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	70.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	57.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	32.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	59	53.2	49.3	50.8
Residents requiring restraints.	30	27.0	40.4	41.3
Confused or disoriented residents.	93	83.8	61.2	58.4
Residents with bed sores.	7	6.3	7.0	7.1
Residents receiving special skin care.	10	9.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORIDA MANOR

Street Address: 830 W 29TH ST	**City and State:** ORLANDO FL 32805

Participation: MEDICAID SNF/ICF	**# of Beds:** 420	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 407	**Medicare Residents:** 0	**Medicaid Residents:** 244

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	349	85.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	305	74.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	275	67.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	243	59.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	280	68.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	16	3.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	145	35.6	36.9	37.7
Completely bedfast residents.	19	4.7	3.0	3.4
Residents confined to chairs.	164	40.3	49.3	50.8
Residents requiring restraints.	153	37.6	40.4	41.3
Confused or disoriented residents.	250	61.4	61.2	58.4
Residents with bed sores.	17	4.2	7.0	7.1
Residents receiving special skin care.	159	39.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GUARDIAN CARE CONVALESCENT CENTER

Street Address: 2500 W CHURCH ST		**City and State:** ORLANDO FL 32805	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	54.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	93	78.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	78.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	79.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	37	31.4	49.3	50.8
Residents requiring restraints.	17	14.4	40.4	41.3
Confused or disoriented residents.	34	28.8	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	21	17.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORLANDO CARE CENTER

Street Address: 1900 MERCY DRIVE	**City and State:** ORLANDO FL 32802

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 1	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	93.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	83	76.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	88.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	71.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	8.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	34.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	36	33.0	49.3	50.8
Residents requiring restraints.	40	36.7	40.4	41.3
Confused or disoriented residents.	45	41.3	61.2	58.4
Residents with bed sores.	12	11.0	7.0	7.1
Residents receiving special skin care.	52	47.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORLANDO HEALTHCARE CENTER

Street Address: 2000 N SEMORAN BLVD	**City and State:** ORLANDO FL 32807

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	74.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	82.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	36.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	82.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	85.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	35.5	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	71	66.4	49.3	50.8
Residents requiring restraints.	42	39.3	40.4	41.3
Confused or disoriented residents.	50	46.7	61.2	58.4
Residents with bed sores.	14	13.1	7.0	7.1
Residents receiving special skin care.	107	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORLANDO LUTHERAN TOWERS

Street Address: 300 E CHURCH ST	**City and State:** ORLANDO FL 32801

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	88.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	92.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	41	78.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	61.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	9.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	44.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	15	28.8	49.3	50.8
Residents requiring restraints.	17	32.7	40.4	41.3
Confused or disoriented residents.	36	69.2	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	8	15.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORLANDO MEMORIAL CONVALESCENT CENTER

Street Address: 1730 LUCERNE TERRACE		**City and State:** ORLANDO FL 32806	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	75.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	83	76.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	75.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	71.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	65.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	41.7	36.9	37.7
Completely bedfast residents.	7	6.5	3.0	3.4
Residents confined to chairs.	45	41.7	49.3	50.8
Residents requiring restraints.	59	54.6	40.4	41.3
Confused or disoriented residents.	83	76.9	61.2	58.4
Residents with bed sores.	7	6.5	7.0	7.1
Residents receiving special skin care.	27	25.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDENS OF ORLANDO

Street Address: 654 N ECONLOCKHATCHEE TRAIL	**City and State:** ORLANDO FL 32817

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 7	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	90.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	38	90.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	38	90.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	81.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	73.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	7.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	23.8	36.9	37.7
Completely bedfast residents.	4	9.5	3.0	3.4
Residents confined to chairs.	6	14.3	49.3	50.8
Residents requiring restraints.	4	9.5	40.4	41.3
Confused or disoriented residents.	15	35.7	61.2	58.4
Residents with bed sores.	4	9.5	7.0	7.1
Residents receiving special skin care.	5	11.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINAR TERRACE MANOR

Street Address: 7950 LAKE UNDERHILL ROAD		**City and State:** ORLANDO FL 32822	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	36.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	78.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	67.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	30.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	15.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	30	26.5	49.3	50.8
Residents requiring restraints.	3	2.7	40.4	41.3
Confused or disoriented residents.	14	12.4	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	18	15.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEMONT HEALTH CARE CTR

Street Address: 3950 ROSEWOOD WAY		**City and State:** ORLANDO FL 32808	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 1	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	85.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	85.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	66.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	67.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	45.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.1	36.9	37.7
Completely bedfast residents.	8	7.3	3.0	3.4
Residents confined to chairs.	76	69.7	49.3	50.8
Residents requiring restraints.	37	33.9	40.4	41.3
Confused or disoriented residents.	73	67.0	61.2	58.4
Residents with bed sores.	6	5.5	7.0	7.1
Residents receiving special skin care.	22	20.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

eminder: The results of the full survey are available
m the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER TOWERS

Street Address: 70 W LUCERNE CIRCLE	**City and State:** ORLANDO FL 32801

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	99.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	87	81.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	74.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	53.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	55.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	14.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	52	48.6	49.3	50.8
Residents requiring restraints.	31	29.0	40.4	41.3
Confused or disoriented residents.	64	59.8	61.2	58.4
Residents with bed sores.	4	3.7	7.0	7.1
Residents receiving special skin care.	3	2.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOWMANS NURSING CENTER

Street Address: 350 S RIDGEWOOD AVE	**City and State:** ORMOND BEACH FL 32074

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	86.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	96	88.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	85.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	68.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	73.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	23.1	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	41	38.0	49.3	50.8
Residents requiring restraints.	45	41.7	40.4	41.3
Confused or disoriented residents.	84	77.8	61.2	58.4
Residents with bed sores.	8	7.4	7.0	7.1
Residents receiving special skin care.	68	63.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER ORMOND BEACH

Street Address:	**City and State:**
170 N CENTER ST	ORMOND BEACH FL 32074

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	87.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	91.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	78.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	68.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	78.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.4	36.9	37.7
Completely bedfast residents.	3	6.4	3.0	3.4
Residents confined to chairs.	26	55.3	49.3	50.8
Residents requiring restraints.	3	6.4	40.4	41.3
Confused or disoriented residents.	36	76.6	61.2	58.4
Residents with bed sores.	4	8.5	7.0	7.1
Residents receiving special skin care.	9	19.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORMOND BEACH HEALTHCARE CTR

Street Address: 170 N KINGS RD	**City and State:** ORMOND BEACH FL 32074

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	77.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	80	81.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	75.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	75.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	52	53.1	49.3	50.8
Residents requiring restraints.	36	36.7	40.4	41.3
Confused or disoriented residents.	66	67.3	61.2	58.4
Residents with bed sores.	6	6.1	7.0	7.1
Residents receiving special skin care.	59	60.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORMOND IN THE PINES

Street Address: 100 CLYDE MORRIS BOULEVARD		**City and State:** ORMOND BEACH FL 32074	
Participation: MEDICARE SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	44	88.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	90.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	44	88.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	92.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	36.9	37.7
Completely bedfast residents.	2	4.0	3.0	3.4
Residents confined to chairs.	11	22.0	49.3	50.8
Residents requiring restraints.	15	30.0	40.4	41.3
Confused or disoriented residents.	24	48.0	61.2	58.4
Residents with bed sores.	5	10.0	7.0	7.1
Residents receiving special skin care.	23	46.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLADES HEALTH CARE CENTER

Street Address: 230 SOUTH BARFIELD HIGHWAY		**City and State:** PAHOKEE FL 33476	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	62.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	37.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	56.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	58.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	69.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	21	20.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	26.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	35	34.0	49.3	50.8
Residents requiring restraints.	27	26.2	40.4	41.3
Confused or disoriented residents.	0	0.0	61.2	58.4
Residents with bed sores.	10	9.7	7.0	7.1
Residents receiving special skin care.	71	68.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PUTNAM MEMORIAL NH

Street Address: 501 S PALM AVE		**City and State:** PALATKA FL 32077	
Participation: MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	85.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	55	85.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	51	79.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	84.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	84.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	32.8	36.9	37.7
Completely bedfast residents.	2	3.1	3.0	3.4
Residents confined to chairs.	38	59.4	49.3	50.8
Residents requiring restraints.	24	37.5	40.4	41.3
Confused or disoriented residents.	45	70.3	61.2	58.4
Residents with bed sores.	3	4.7	7.0	7.1
Residents receiving special skin care.	7	10.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM BAY CARE CENTER

Street Address: 1515 PORT MALABAR BLVD NE		**City and State:** PALM BAY FL 32905	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	89.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	105	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	84	70.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	70.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	51.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	55.5	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	32	26.9	49.3	50.8
Residents requiring restraints.	55	46.2	40.4	41.3
Confused or disoriented residents.	89	74.8	61.2	58.4
Residents with bed sores.	13	10.9	7.0	7.1
Residents receiving special skin care.	80	67.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY TREE NURSING CENTER

Street Address: 2600 HIGHLANDS BLVD N		**City and State:** PALM HARBOR FL 33563	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	94.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	90.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	89.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	87.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	82.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	38.4	36.9	37.7
Completely bedfast residents.	2	1.8	3.0	3.4
Residents confined to chairs.	100	89.3	49.3	50.8
Residents requiring restraints.	89	79.5	40.4	41.3
Confused or disoriented residents.	92	82.1	61.2	58.4
Residents with bed sores.	3	2.7	7.0	7.1
Residents receiving special skin care.	17	15.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HEALTH CARE CENTER

Street Address: 3825 COUNTRYSIDE BLVD	**City and State:** PALM HARBOR FL 33684

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 4	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	98.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	84.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	68.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	66.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	14.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	43.9	49.3	50.8
Residents requiring restraints.	14	24.6	40.4	41.3
Confused or disoriented residents.	44	77.2	61.2	58.4
Residents with bed sores.	4	7.0	7.0	7.1
Residents receiving special skin care.	12	21.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARK VILLAGE INC

Street Address: 2655 NEBRASKA AVE	**City and State:** PALM HARBOR FL 33563

Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	75.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	84.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	37	64.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	59.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	43.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	21	36.8	49.3	50.8
Residents requiring restraints.	11	19.3	40.4	41.3
Confused or disoriented residents.	20	35.1	61.2	58.4
Residents with bed sores.	1	1.8	7.0	7.1
Residents receiving special skin care.	15	26.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOORHEAD MANOR CARE CTR

Street Address: 926 HABEN BLVD		**City and State:** PALMETTO FL 33221	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
8	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	8	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	6	75.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	25.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	25.0	49.3	50.8
Residents requiring restraints.	2	25.0	40.4	41.3
Confused or disoriented residents.	6	75.0	61.2	58.4
Residents with bed sores.	2	25.0	7.0	7.1
Residents receiving special skin care.	2	25.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY CONVALESCENT CENTER

Street Address: 1336 ST ANDREWS BLVD	**City and State:** PANAMA CITY FL 32405

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	95.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	120	82.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	119	81.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	78.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	72.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	50.7	36.9	37.7
Completely bedfast residents.	11	7.5	3.0	3.4
Residents confined to chairs.	54	37.0	49.3	50.8
Residents requiring restraints.	70	47.9	40.4	41.3
Confused or disoriented residents.	108	74.0	61.2	58.4
Residents with bed sores.	7	4.8	7.0	7.1
Residents receiving special skin care.	56	38.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GULF COAST CONVALESCENT CENTER

Street Address: 1937 JENKS AV		**City and State:** PANAMA CITY FL 32401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	7	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	86.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	78.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	51.5	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	62	62.6	49.3	50.8
Residents requiring restraints.	46	46.5	40.4	41.3
Confused or disoriented residents.	65	65.7	61.2	58.4
Residents with bed sores.	6	6.1	7.0	7.1
Residents receiving special skin care.	15	15.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LELAH G WAGNER NH

Street Address: 3409 W 19TH ST	**City and State:** PANAMA CITY FL 32401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	95.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	86.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	86.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	86.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	84.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	57.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	87.9	49.3	50.8
Residents requiring restraints.	50	75.8	40.4	41.3
Confused or disoriented residents.	46	69.7	61.2	58.4
Residents with bed sores.	8	12.1	7.0	7.1
Residents receiving special skin care.	25	37.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NATIONAL HEALTHCARE CTR OF PANAMA CITY

Street Address: 2100 JENKS AVENUE	**City and State:** PANAMA CITY FL 32406

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 8	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	78.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	67.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	88.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	90.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	68.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	50.5	36.9	37.7
Completely bedfast residents.	6	6.5	3.0	3.4
Residents confined to chairs.	41	44.1	49.3	50.8
Residents requiring restraints.	45	48.4	40.4	41.3
Confused or disoriented residents.	46	49.5	61.2	58.4
Residents with bed sores.	8	8.6	7.0	7.1
Residents receiving special skin care.	30	32.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PANAMA CITY NURSING CENTER

Street Address: 924 W 13TH ST	**City and State:** PANAMA CITY FL 32401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 3	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	89.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	95.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	103	90.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	98.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	91.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	62.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	53	46.5	49.3	50.8
Residents requiring restraints.	45	39.5	40.4	41.3
Confused or disoriented residents.	63	55.3	61.2	58.4
Residents with bed sores.	10	8.8	7.0	7.1
Residents receiving special skin care.	23	20.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AZALEA TRACE

Street Address: 10100 HILLVIEW ROAD		**City and State:** PENSACOLA FL 32504	
Participation: MEDICARE SNF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	48	84.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	94.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	12.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	57.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	20	35.1	49.3	50.8
Residents requiring restraints.	29	50.9	40.4	41.3
Confused or disoriented residents.	41	71.9	61.2	58.4
Residents with bed sores.	9	15.8	7.0	7.1
Residents receiving special skin care.	9	15.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST HOSP- SPECIALTY CARE

Street Address: 1000 W MORENO ST		**City and State:** PENSACOLA FL 32501	
Participation: MEDICARE SNF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	28	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	71.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	31	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	30	96.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	96.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	83.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	19.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	48.4	36.9	37.7
Completely bedfast residents.	8	25.8	3.0	3.4
Residents confined to chairs.	16	51.6	49.3	50.8
Residents requiring restraints.	11	35.5	40.4	41.3
Confused or disoriented residents.	16	51.6	61.2	58.4
Residents with bed sores.	14	45.2	7.0	7.1
Residents receiving special skin care.	10	32.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST MANOR

Street Address: 10095 HILLVIEW ROAD	**City and State:** PENSACOLA FL 32514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	88.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	88.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	88.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	44.1	36.9	37.7
Completely bedfast residents.	14	13.7	3.0	3.4
Residents confined to chairs.	25	24.5	49.3	50.8
Residents requiring restraints.	20	19.6	40.4	41.3
Confused or disoriented residents.	94	92.2	61.2	58.4
Residents with bed sores.	21	20.6	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSS CREEK HEALTH CARE CENTER

Street Address: 10040 HILLVIEW ROAD		**City and State:** PENSACOLA FL 32514	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	87.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	88.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	80.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	88.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	56.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	55.7	36.9	37.7
Completely bedfast residents.	5	4.7	3.0	3.4
Residents confined to chairs.	39	36.8	49.3	50.8
Residents requiring restraints.	62	58.5	40.4	41.3
Confused or disoriented residents.	84	79.2	61.2	58.4
Residents with bed sores.	6	5.7	7.0	7.1
Residents receiving special skin care.	25	23.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESCAMBIA CO NH

Street Address: 3107 N H ST		**City and State:** PENSACOLA FL 32501	
Participation: MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	0	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	98.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	140	95.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	134	91.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	89.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	87.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	58.5	36.9	37.7
Completely bedfast residents.	41	27.9	3.0	3.4
Residents confined to chairs.	87	59.2	49.3	50.8
Residents requiring restraints.	88	59.9	40.4	41.3
Confused or disoriented residents.	107	72.8	61.2	58.4
Residents with bed sores.	13	8.8	7.0	7.1
Residents receiving special skin care.	27	18.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN OF OUR LADY OF PEACE

Street Address: 5203 N 9TH AVE		**City and State:** PENSACOLA FL 32504	
Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	51.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	43	51.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	29	34.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	28.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	34.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	18.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	20	24.1	49.3	50.8
Residents requiring restraints.	21	25.3	40.4	41.3
Confused or disoriented residents.	35	42.2	61.2	58.4
Residents with bed sores.	1	1.2	7.0	7.1
Residents receiving special skin care.	4	4.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDENS

Street Address: 8475 UNIVERSITY PARKWAY	**City and State:** PENSACOLA FL 32514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 10	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	96.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	69	92.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	81.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	81.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	69.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	9.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	48.0	36.9	37.7
Completely bedfast residents.	1	1.3	3.0	3.4
Residents confined to chairs.	54	72.0	49.3	50.8
Residents requiring restraints.	31	41.3	40.4	41.3
Confused or disoriented residents.	30	40.0	61.2	58.4
Residents with bed sores.	10	13.3	7.0	7.1
Residents receiving special skin care.	13	17.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENSACOLA HEALTH CARE FACILITY

Street Address: 1717 WEST AVERY STREET	**City and State:** PENSACOLA FL 32501

Participation: MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	81.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	89.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	78.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	84.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	78.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	48.2	36.9	37.7
Completely bedfast residents.	9	7.9	3.0	3.4
Residents confined to chairs.	77	67.5	49.3	50.8
Residents requiring restraints.	51	44.7	40.4	41.3
Confused or disoriented residents.	71	62.3	61.2	58.4
Residents with bed sores.	12	10.5	7.0	7.1
Residents receiving special skin care.	14	12.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE BLUFFS NH

Street Address: 4343 LANGLEY AV	**City and State:** PENSACOLA FL 32504

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	80.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	93	83.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	91	81.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	87.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	62.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	55.4	36.9	37.7
Completely bedfast residents.	8	7.1	3.0	3.4
Residents confined to chairs.	32	28.6	49.3	50.8
Residents requiring restraints.	46	41.1	40.4	41.3
Confused or disoriented residents.	68	60.7	61.2	58.4
Residents with bed sores.	7	6.3	7.0	7.1
Residents receiving special skin care.	51	45.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MAGNOLIAS NURSING CONV CTR

Street Address: 600 W GREGORY ST	**City and State:** PENSACOLA FL 32501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	**Medicare Residents:** 0	**Medicaid Residents:** 161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	90.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	161	87.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	146	78.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	80.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	73.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	48.1	36.9	37.7
Completely bedfast residents.	23	12.4	3.0	3.4
Residents confined to chairs.	93	50.3	49.3	50.8
Residents requiring restraints.	84	45.4	40.4	41.3
Confused or disoriented residents.	121	65.4	61.2	58.4
Residents with bed sores.	29	15.7	7.0	7.1
Residents receiving special skin care.	16	8.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
W FLORIDA REGIONAL MEDICAL CENTER DP

Street Address: 8383 N DAVIS HIGHWAY		**City and State:** PENSACOLA FL 32514	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 547	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 10	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	83.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	10	83.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	8	66.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	8.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	58.3	36.9	37.7
Completely bedfast residents.	2	16.7	3.0	3.4
Residents confined to chairs.	3	25.0	49.3	50.8
Residents requiring restraints.	2	16.7	40.4	41.3
Confused or disoriented residents.	5	41.7	61.2	58.4
Residents with bed sores.	2	16.7	7.0	7.1
Residents receiving special skin care.	4	33.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely; deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRY HEALTH FACILITY

Street Address: 207 FOREST DRIVE

City and State: PERRY FL 32347

Participation: MEDICAID SNF/ICF

# of Beds: 120

Type of Ownership: PROPRIETARY

Survey Date: 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105

Medicare Residents: 0

Medicaid Residents: 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	74.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	70.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	62.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	47.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	62.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	33.3	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	58	55.2	49.3	50.8
Residents requiring restraints.	40	38.1	40.4	41.3
Confused or disoriented residents.	53	50.5	61.2	58.4
Residents with bed sores.	6	5.7	7.0	7.1
Residents receiving special skin care.	25	23.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PARK LODGE NURSING CENTER

Street Address: 8701 49TH ST	**City and State:** PINELLAS PARK FL 33565

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 2	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	50.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	89.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	89	77.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	80.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	62.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	31.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	57	49.6	49.3	50.8
Residents requiring restraints.	55	47.8	40.4	41.3
Confused or disoriented residents.	77	67.0	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	115	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWAY NH INC

Street Address: 7575 65TH WAY N	**City and State:** PINELLAS PARK FL 33565

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	97.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	39	90.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	83.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	39.5	36.9	37.7
Completely bedfast residents.	4	9.3	3.0	3.4
Residents confined to chairs.	33	76.7	49.3	50.8
Residents requiring restraints.	28	65.1	40.4	41.3
Confused or disoriented residents.	6	14.0	61.2	58.4
Residents with bed sores.	2	4.7	7.0	7.1
Residents receiving special skin care.	20	46.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSHINE VILLAGE NURSING HOME INC

Street Address: 8600 US HIGHWAY 19 NORTH		**City and State:** PINELLAS PARK FL 33565	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	63.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	76.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	73.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	74.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	74.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	70	58.8	49.3	50.8
Residents requiring restraints.	48	40.3	40.4	41.3
Confused or disoriented residents.	63	52.9	61.2	58.4
Residents with bed sores.	6	5.0	7.0	7.1
Residents receiving special skin care.	25	21.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONVALESCENT CENTER

Street Address: 2202 W OAK ST	**City and State:** PLANT CITY FL 33566

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 2	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	68.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	98.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	69.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	82.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	85.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	46.9	36.9	37.7
Completely bedfast residents.	3	2.7	3.0	3.4
Residents confined to chairs.	58	51.3	49.3	50.8
Residents requiring restraints.	94	83.2	40.4	41.3
Confused or disoriented residents.	73	64.6	61.2	58.4
Residents with bed sores.	24	21.2	7.0	7.1
Residents receiving special skin care.	32	28.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST PARK NURSING CONVALESCENT CTR

Street Address: 1702 W OAK ST		**City and State:** PLANT CITY FL 33566	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
BathING				
Residents requiring some or total assistance in bathing.	86	95.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	87.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	77.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	80.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	62.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	56	62.2	49.3	50.8
Residents requiring restraints.	44	48.9	40.4	41.3
Confused or disoriented residents.	61	67.8	61.2	58.4
Residents with bed sores.	5	5.6	7.0	7.1
Residents receiving special skin care.	18	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANT CITY HEALTH CARE CTR

Street Address: 701 NORTH WILDER RD	**City and State:** PLANT CITY FL 33566

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	3	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	90.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	84.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	67.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	58.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	53.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	42.6	49.3	50.8
Residents requiring restraints.	56	48.7	40.4	41.3
Confused or disoriented residents.	70	60.9	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	40	34.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVENANT VILLAGE CARE CTR

Street Address: 9201 W BROWARD BLVD		**City and State:** PLANTATION FL 33324	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	1	50.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF PLANTATION

Street Address: 6931 WEST SUNRISE BLVD	**City and State:** PLANTATION FL 33313

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 4	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	74.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	80.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	78.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	76.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	9.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	48.5	36.9	37.7
Completely bedfast residents.	2	2.1	3.0	3.4
Residents confined to chairs.	65	67.0	49.3	50.8
Residents requiring restraints.	55	56.7	40.4	41.3
Confused or disoriented residents.	61	62.9	61.2	58.4
Residents with bed sores.	25	25.8	7.0	7.1
Residents receiving special skin care.	8	8.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER

Street Address: 7751 W BROWARD BLVD	**City and State:** PLANTATION FL 33324

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 2	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	97.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	112	96.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	104	89.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	88.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	19	16.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	35.3	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	100	86.2	49.3	50.8
Residents requiring restraints.	67	57.8	40.4	41.3
Confused or disoriented residents.	106	91.4	61.2	58.4
Residents with bed sores.	5	4.3	7.0	7.1
Residents receiving special skin care.	67	57.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANTATION NH

Street Address: 4250 NW 5TH ST	**City and State:** PLANTATION FL 33317

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 1	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	73.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	113	80.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	99	70.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	70.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	72.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	39.3	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	103	73.6	49.3	50.8
Residents requiring restraints.	76	54.3	40.4	41.3
Confused or disoriented residents.	93	66.4	61.2	58.4
Residents with bed sores.	5	3.6	7.0	7.1
Residents receiving special skin care.	20	14.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL PALMS NH WEST

Street Address: 51 WESR SAMPLE RD	**City and State:** POMPANO BEACH FL 33064

Participation: MEDICARE SNF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	84.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	81.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	75.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	75.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	66.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	7.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	23.3	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	29	28.2	49.3	50.8
Residents requiring restraints.	30	29.1	40.4	41.3
Confused or disoriented residents.	66	64.1	61.2	58.4
Residents with bed sores.	10	9.7	7.0	7.1
Residents receiving special skin care.	26	25.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation, "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN KNOX VILLAGE MEDICAL CENTER

Street Address: 631 SW 6TH ST	**City and State:** POMPANO BEACH FL 33060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	63.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	79.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	72.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	63.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	65.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	32.4	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	25	23.1	49.3	50.8
Residents requiring restraints.	46	42.6	40.4	41.3
Confused or disoriented residents.	54	50.0	61.2	58.4
Residents with bed sores.	7	6.5	7.0	7.1
Residents receiving special skin care.	23	21.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEHURST CONVALESCENT CENTER

Street Address: 2401 NE 2ND ST	**City and State:** POMPANO BEACH FL 33062

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	69.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	77	97.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	93.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	82.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	36.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	41	51.9	49.3	50.8
Residents requiring restraints.	34	43.0	40.4	41.3
Confused or disoriented residents.	54	68.4	61.2	58.4
Residents with bed sores.	4	5.1	7.0	7.1
Residents receiving special skin care.	25	31.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMVIEW HEALTH CARE CENTER

Street Address: 25325 RAMPART BLVD		**City and State:** PORT CHARLOTTE FL 33954	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	79.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	96.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	82.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	78.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	74.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.4	36.9	37.7
Completely bedfast residents.	1	1.2	3.0	3.4
Residents confined to chairs.	65	79.3	49.3	50.8
Residents requiring restraints.	27	32.9	40.4	41.3
Confused or disoriented residents.	45	54.9	61.2	58.4
Residents with bed sores.	2	2.4	7.0	7.1
Residents receiving special skin care.	21	25.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORT CHARLOTTE CARE CENTER

Street Address: 4033 BEAVER LANE	**City and State:** PORT CHARLOTTE FL 33952

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	56.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	118	84.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	115	82.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	78.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	69.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	29.5	36.9	37.7
Completely bedfast residents.	2	1.4	3.0	3.4
Residents confined to chairs.	31	22.3	49.3	50.8
Residents requiring restraints.	71	51.1	40.4	41.3
Confused or disoriented residents.	71	51.1	61.2	58.4
Residents with bed sores.	9	6.5	7.0	7.1
Residents receiving special skin care.	15	10.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHPORT NURSING CENTER

Street Address: 2302 WESTCHESTER BOULEVARD	**City and State:** PORT CHARLOTTE FL 33980

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	78	83.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	87.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	80.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	91.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	17.2	36.9	37.7
Completely bedfast residents.	2	2.2	3.0	3.4
Residents confined to chairs.	58	62.4	49.3	50.8
Residents requiring restraints.	35	37.6	40.4	41.3
Confused or disoriented residents.	44	47.3	61.2	58.4
Residents with bed sores.	7	7.5	7.0	7.1
Residents receiving special skin care.	1	1.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH LIFE ENRICHMENT CTR

Street Address: 2370 HARBOR BLVD	**City and State:** PORT CHARLOTTE FL 33952

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 14	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	80.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	64	90.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	88.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	90.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	19.7	36.9	37.7
Completely bedfast residents.	4	5.6	3.0	3.4
Residents confined to chairs.	2	2.8	49.3	50.8
Residents requiring restraints.	3	4.2	40.4	41.3
Confused or disoriented residents.	7	9.9	61.2	58.4
Residents with bed sores.	3	4.2	7.0	7.1
Residents receiving special skin care.	6	8.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALERNO BAY MANOR

Street Address: 4801 SE COVE ROAD	**City and State:** PORT SALERNO FL 33492

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	1	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	85.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	69.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	58.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	53.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	6.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	14.7	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	49	42.2	49.3	50.8
Residents requiring restraints.	40	34.5	40.4	41.3
Confused or disoriented residents.	52	44.8	61.2	58.4
Residents with bed sores.	1	0.9	7.0	7.1
Residents receiving special skin care.	80	69.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY ST JOSEPH CARE CENTER

Street Address: 220 NINTH STREET	**City and State:** PORT ST JOE FL 32456

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	77.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	87	81.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	64.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	68.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	20	18.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	28.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	54.2	49.3	50.8
Residents requiring restraints.	45	42.1	40.4	41.3
Confused or disoriented residents.	88	82.2	61.2	58.4
Residents with bed sores.	10	9.3	7.0	7.1
Residents receiving special skin care.	47	43.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GARDEN

Street Address: 1751 HILLMOOR DR		**City and State:** PORT ST LUCIE FL 33452	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	77.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	8	88.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	5	55.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	55.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	22.2	36.9	37.7
Completely bedfast residents.	1	11.1	3.0	3.4
Residents confined to chairs.	2	22.2	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	3	33.3	61.2	58.4
Residents with bed sores.	1	11.1	7.0	7.1
Residents receiving special skin care.	4	44.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORT ST LUCIE CONVALESCENT CENTER

Street Address: 7309 OLEANDER AVENUE	**City and State:** PORT ST LUCIE FL 33452

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	77.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	142	80.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	60.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	68.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	66.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	38.6	36.9	37.7
Completely bedfast residents.	8	4.5	3.0	3.4
Residents confined to chairs.	55	31.3	49.3	50.8
Residents requiring restraints.	37	21.0	40.4	41.3
Confused or disoriented residents.	113	64.2	61.2	58.4
Residents with bed sores.	1	0.6	7.0	7.1
Residents receiving special skin care.	70	39.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAVANA CAY MANOR

Street Address: 1655 SE WALTON RD		**City and State:** PORT ST LUCIE FL 33952	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	3	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	66.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	26	66.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	26	66.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	64.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	10.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	15.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	16	41.0	49.3	50.8
Residents requiring restraints.	6	15.4	40.4	41.3
Confused or disoriented residents.	11	28.2	61.2	58.4
Residents with bed sores.	2	5.1	7.0	7.1
Residents receiving special skin care.	6	15.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFE CARE CENTER OF PUNTA GORDA

Street Address: 830 W CHARLOTTE AV		**City and State:** PUNTA GORDA FL 33950	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	91.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	130	88.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	100	68.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	81.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	63.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	7.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	40.8	36.9	37.7
Completely bedfast residents.	6	4.1	3.0	3.4
Residents confined to chairs.	68	46.3	49.3	50.8
Residents requiring restraints.	68	46.3	40.4	41.3
Confused or disoriented residents.	93	63.3	61.2	58.4
Residents with bed sores.	17	11.6	7.0	7.1
Residents receiving special skin care.	54	36.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GADSDEN NH

Street Address: 1621 EXPERIMENT STATION RD	**City and State:** QUINCY FL 32351

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	63.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	82.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	73.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	66.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	61.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	38.6	36.9	37.7
Completely bedfast residents.	1	1.8	3.0	3.4
Residents confined to chairs.	39	68.4	49.3	50.8
Residents requiring restraints.	1	1.8	40.4	41.3
Confused or disoriented residents.	34	59.6	61.2	58.4
Residents with bed sores.	1	1.8	7.0	7.1
Residents receiving special skin care.	3	5.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR OF QUINCY

Street Address: STRONG RD SUITE 6 BOX 1000		**City and State:** QUINCY FL 32351	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	83.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	79.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	62	68.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	74.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	54.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	42.9	36.9	37.7
Completely bedfast residents.	6	6.6	3.0	3.4
Residents confined to chairs.	43	47.3	49.3	50.8
Residents requiring restraints.	29	31.9	40.4	41.3
Confused or disoriented residents.	61	67.0	61.2	58.4
Residents with bed sores.	13	14.3	7.0	7.1
Residents receiving special skin care.	22	24.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADARE MEDICAL CENTER

Street Address: 1775 HUNTINGTON LANE	**City and State:** ROCKLEDGE FL 32955

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	91.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	90.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	84.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	67.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	26.3	49.3	50.8
Residents requiring restraints.	30	31.6	40.4	41.3
Confused or disoriented residents.	34	35.8	61.2	58.4
Residents with bed sores.	5	5.3	7.0	7.1
Residents receiving special skin care.	36	37.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY PINES NURSING & REHAB CTR

Street Address: 587 BARTON BLVD		**City and State:** ROCKLEDGE FL 32955	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	93.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	78.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	80.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	9.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	29.6	36.9	37.7
Completely bedfast residents.	3	4.2	3.0	3.4
Residents confined to chairs.	60	84.5	49.3	50.8
Residents requiring restraints.	36	50.7	40.4	41.3
Confused or disoriented residents.	34	47.9	61.2	58.4
Residents with bed sores.	8	11.3	7.0	7.1
Residents receiving special skin care.	17	23.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL MANOR

Street Address: 100 BOBWHITE COURT	**City and State:** ROYAL PALM BEACH FL 33411

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	82.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	104	90.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	76.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	52.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	58.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	16.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	56	48.7	49.3	50.8
Residents requiring restraints.	28	24.3	40.4	41.3
Confused or disoriented residents.	56	48.7	61.2	58.4
Residents with bed sores.	8	7.0	7.0	7.1
Residents receiving special skin care.	85	73.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE VILLAGE AT COUNTRYSIDE

Street Address: 1410 4TH STREET NORTH	**City and State:** SAFETY HARBOR FL 33572

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	85.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	76	90.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	90.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	78.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	73.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	19.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	58.3	49.3	50.8
Residents requiring restraints.	40	47.6	40.4	41.3
Confused or disoriented residents.	52	61.9	61.2	58.4
Residents with bed sores.	2	2.4	7.0	7.1
Residents receiving special skin care.	12	14.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKINGHAM-SMITH MEMORIAL HOME

Street Address: 169 CENTRAL AVE	**City and State:** SAINT AUGUSTINE FL 32084

Participation: MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	56.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	40	83.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	27	56.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	31.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.8	36.9	37.7
Completely bedfast residents.	2	4.2	3.0	3.4
Residents confined to chairs.	26	54.2	49.3	50.8
Residents requiring restraints.	17	35.4	40.4	41.3
Confused or disoriented residents.	15	31.3	61.2	58.4
Residents with bed sores.	4	8.3	7.0	7.1
Residents receiving special skin care.	11	22.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PONCE DE LEON CARE CENTER

Street Address: 404 OLD MOULTRIE ROAD		**City and State:** SAINT AUGUSTINE FL 32086	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	3	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	74.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	85.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	96	85.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	74.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	93	82.3	36.9	37.7
Completely bedfast residents.	6	5.3	3.0	3.4
Residents confined to chairs.	57	50.4	49.3	50.8
Residents requiring restraints.	78	69.0	40.4	41.3
Confused or disoriented residents.	78	69.0	61.2	58.4
Residents with bed sores.	20	17.7	7.0	7.1
Residents receiving special skin care.	42	37.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY HEALTH CARE CENTER

Street Address: 200 MERIDIAN DRIVE BOX 60069

City and State: SAINT AUGUSTINE FL 32084

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 60

Type of Ownership: PROPRIETARY

Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33

Medicare Residents: 2

Medicaid Residents: 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	90.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	90.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	90.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	97.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	9.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	54.5	36.9	37.7
Completely bedfast residents.	1	3.0	3.0	3.4
Residents confined to chairs.	6	18.2	49.3	50.8
Residents requiring restraints.	7	21.2	40.4	41.3
Confused or disoriented residents.	20	60.6	61.2	58.4
Residents with bed sores.	4	12.1	7.0	7.1
Residents receiving special skin care.	18	54.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST AUGUSTINE GERIATRIC CENTER

Street Address: 51 SUNRISE BLVD		**City and State:** SAINT AUGUSTINE FL 32084	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	85	81.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	84.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	63.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	81.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	36.5	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	46	44.2	49.3	50.8
Residents requiring restraints.	50	48.1	40.4	41.3
Confused or disoriented residents.	76	73.1	61.2	58.4
Residents with bed sores.	5	4.8	7.0	7.1
Residents receiving special skin care.	68	65.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS CO SENIOR CITIZENS HOME

Street Address: 169 MARINE ST	**City and State:** SAINT AUGUSTINE FL 32084

Participation: MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	76.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	82.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	78.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	78.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	74.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	41.2	36.9	37.7
Completely bedfast residents.	9	17.6	3.0	3.4
Residents confined to chairs.	24	47.1	49.3	50.8
Residents requiring restraints.	13	25.5	40.4	41.3
Confused or disoriented residents.	31	60.8	61.2	58.4
Residents with bed sores.	2	3.9	7.0	7.1
Residents receiving special skin care.	7	13.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS HEALTH CARE CENTER

Street Address: 189 SAN MARCO AVE	**City and State:** SAINT AUGUSTINE FL 32084

Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	88.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	88.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	40	75.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	69.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	52.8	36.9	37.7
Completely bedfast residents.	1	1.9	3.0	3.4
Residents confined to chairs.	35	66.0	49.3	50.8
Residents requiring restraints.	38	71.7	40.4	41.3
Confused or disoriented residents.	40	75.5	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	14	26.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHERN OAKS HEALTH CARE CTR

Street Address: 2850 KISSIMMEE PARK RD	**City and State:** SAINT CLOUD FL 32769

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	6.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	56	94.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	84.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	19	32.2	49.3	50.8
Residents requiring restraints.	15	25.4	40.4	41.3
Confused or disoriented residents.	45	76.3	61.2	58.4
Residents with bed sores.	5	8.5	7.0	7.1
Residents receiving special skin care.	6	10.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CLOUD HEALTHCARE CENTER

Street Address: 1301 KANSAS AV	**City and State:** SAINT CLOUD FL 32769

Participation: MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	88.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	119	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	100	78.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	66.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	70.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	18	14.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	22.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	38.3	49.3	50.8
Residents requiring restraints.	23	18.0	40.4	41.3
Confused or disoriented residents.	78	60.9	61.2	58.4
Residents with bed sores.	3	2.3	7.0	7.1
Residents receiving special skin care.	13	10.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPINE NURSING CENTER

Street Address: 3456 21ST AVE S	**City and State:** SAINT PETERSBURG FL 33711

Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	89.1	78.9	78.3
Dressing Residents requiring some or total assistance in dressing.	34	61.8	74.3	76.7
Toileting Residents requiring some or total assistance in toileting.	24	43.6	57.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	60.0	65.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	43.6	61.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	11.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	30.9	23.7	29.3
Completely bedfast residents.	0	0.0	0.0	3.6
Residents confined to chairs.	4	7.3	23.0	39.1
Residents requiring restraints.	10	18.2	24.3	31.7
Confused or disoriented residents.	33	60.0	62.5	55.8
Residents with bed sores.	0	0.0	2.0	4.7
Residents receiving special skin care.	6	10.9	24.3	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	25.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	25.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	0	0.0	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	25.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	25.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	0	0.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY POINTE NURSING PAVILLION

Street Address: 4201 31ST STREET SOUTH	**City and State:** SAINT PETERSBURG FL 33712

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	78.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	87.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	75.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	66.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	63.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	22.1	49.3	50.8
Residents requiring restraints.	49	43.4	40.4	41.3
Confused or disoriented residents.	93	82.3	61.2	58.4
Residents with bed sores.	5	4.4	7.0	7.1
Residents receiving special skin care.	68	60.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYOU MANOR HEALTH CARE CENTER

Street Address: 435 42ND AV S		**City and State:** SAINT PETERSBURG FL 33705	
Participation: MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	91.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	130	88.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	119	81.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	59.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	68.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	8.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	32.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	19	12.9	49.3	50.8
Residents requiring restraints.	46	31.3	40.4	41.3
Confused or disoriented residents.	95	64.6	61.2	58.4
Residents with bed sores.	5	3.4	7.0	7.1
Residents receiving special skin care.	60	40.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEACH CONVALESCENT HOTEL

Street Address: 8008 BLIND PASS RD		**City and State:** SAINT PETERSBURG FL 33706	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	70.3	78.9	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	74.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	83.8	57.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	81.1	65.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	81.1	61.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.7	11.8	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	24.3	23.7	29.3
Completely bedfast residents.	0	0.0	0.0	3.6
Residents confined to chairs.	5	13.5	23.0	39.1
Residents requiring restraints.	13	35.1	24.3	31.7
Confused or disoriented residents.	32	86.5	62.5	55.8
Residents with bed sores.	1	2.7	2.0	4.7
Residents receiving special skin care.	4	10.8	24.3	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	25.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	1	25.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	0	0.0	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	25.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	25.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	0	0.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT CENTER

Street Address: 550 9TH AVE S	**City and State:** SAINT PETERSBURG FL 33701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 262	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 5	**Medicaid Residents:** 164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	92.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	85.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	71.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	73.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	78.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	29	16.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	50.0	36.9	37.7
Completely bedfast residents.	6	3.4	3.0	3.4
Residents confined to chairs.	62	35.2	49.3	50.8
Residents requiring restraints.	30	17.0	40.4	41.3
Confused or disoriented residents.	150	85.2	61.2	58.4
Residents with bed sores.	9	5.1	7.0	7.1
Residents receiving special skin care.	140	79.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLEGE HARBOR INC

Street Address: 4600 54TH AV S		**City and State:** SAINT PETERSBURG FL 33733	
Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	78.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	18	78.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	18	78.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	87.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	56.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	8.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	26.1	36.9	37.7
Completely bedfast residents.	1	4.3	3.0	3.4
Residents confined to chairs.	2	8.7	49.3	50.8
Residents requiring restraints.	7	30.4	40.4	41.3
Confused or disoriented residents.	10	43.5	61.2	58.4
Residents with bed sores.	1	4.3	7.0	7.1
Residents receiving special skin care.	4	17.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL CARE CENTER

Street Address: 6300 46TH AVE N	**City and State:** SAINT PETERSBURG FL 33709

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	1	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	84.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	46	46.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	93.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	93.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	41.4	36.9	37.7
Completely bedfast residents.	8	8.1	3.0	3.4
Residents confined to chairs.	51	51.5	49.3	50.8
Residents requiring restraints.	44	44.4	40.4	41.3
Confused or disoriented residents.	62	62.6	61.2	58.4
Residents with bed sores.	4	4.0	7.0	7.1
Residents receiving special skin care.	43	43.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONCORDIA MANOR

Street Address: 321 13TH AVE N	**City and State:** SAINT PETERSBURG FL 33733

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	78.9	78.3
Dressing Residents requiring some or total assistance in dressing.	34	91.9	74.3	76.7
Toileting Residents requiring some or total assistance in toileting.	26	70.3	57.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	59.5	65.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	70.3	61.8	59.1
Residents on individually written bowel and bladder retraining program.	16	43.2	11.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.6	23.7	29.3
Completely bedfast residents.	0	0.0	0.0	3.6
Residents confined to chairs.	21	56.8	23.0	39.1
Residents requiring restraints.	11	29.7	24.3	31.7
Confused or disoriented residents.	22	59.5	62.5	55.8
Residents with bed sores.	2	5.4	2.0	4.7
Residents receiving special skin care.	24	64.9	24.3	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	25.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	25.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	0	0.0	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	25.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	25.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	0	0.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CARE CENTER

Street Address: 550 62ND ST S	**City and State:** SAINT PETERSBURG FL 33707

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	95.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	78.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	62.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	59.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	20.7	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	49	42.2	49.3	50.8
Residents requiring restraints.	1	0.9	40.4	41.3
Confused or disoriented residents.	58	50.0	61.2	58.4
Residents with bed sores.	8	6.9	7.0	7.1
Residents receiving special skin care.	45	38.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROWN NH

Street Address: 5351 GULF BLVD	**City and State:** SAINT PETERSBURG FL 33706

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	20.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	30	75.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	27	67.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	42.5	36.9	37.7
Completely bedfast residents.	1	2.5	3.0	3.4
Residents confined to chairs.	18	45.0	49.3	50.8
Residents requiring restraints.	14	35.0	40.4	41.3
Confused or disoriented residents.	22	55.0	61.2	58.4
Residents with bed sores.	2	5.0	7.0	7.1
Residents receiving special skin care.	8	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELUXE CARE INN

Street Address: 1820 SHORE DRIVE S		**City and State:** SAINT PETERSBURG FL 33707	
Participation: MEDICARE SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	72.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	41	75.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	51	94.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	75.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	59.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	9.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	31.5	36.9	37.7
Completely bedfast residents.	4	7.4	3.0	3.4
Residents confined to chairs.	19	35.2	49.3	50.8
Residents requiring restraints.	23	42.6	40.4	41.3
Confused or disoriented residents.	27	50.0	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	7	13.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLFVIEW NH

Street Address: 3636 TENTH AVENUE NORTH	**City and State:** SAINT PETERSBURG FL 33713

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	91.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	91.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	83.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	83.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	48	85.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	37.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	45	80.4	49.3	50.8
Residents requiring restraints.	28	50.0	40.4	41.3
Confused or disoriented residents.	30	53.6	61.2	58.4
Residents with bed sores.	3	5.4	7.0	7.1
Residents receiving special skin care.	27	48.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN NH

Street Address: 3127 57TH AVE N	**City and State:** SAINT PETERSBURG FL 33714

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	98.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	52	96.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	87.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	87.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	87.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	29.6	36.9	37.7
Completely bedfast residents.	5	9.3	3.0	3.4
Residents confined to chairs.	45	83.3	49.3	50.8
Residents requiring restraints.	40	74.1	40.4	41.3
Confused or disoriented residents.	45	83.3	61.2	58.4
Residents with bed sores.	7	13.0	7.0	7.1
Residents receiving special skin care.	47	87.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBROOK NURSING CENTER

Street Address: 1000 24TH ST N		**City and State:** SAINT PETERSBURG FL 33713	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	1	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	40.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	104	92.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	83	73.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	71.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	66.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	9.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	23.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	28	24.8	49.3	50.8
Residents requiring restraints.	57	50.4	40.4	41.3
Confused or disoriented residents.	80	70.8	61.2	58.4
Residents with bed sores.	5	4.4	7.0	7.1
Residents receiving special skin care.	23	20.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF ST PETERSBURG

Street Address: 1001 9TH ST N		**City and State:** SAINT PETERSBURG FL 33701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	39.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	77.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	61.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	58.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	54.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	42	41.2	49.3	50.8
Residents requiring restraints.	32	31.4	40.4	41.3
Confused or disoriented residents.	43	42.2	61.2	58.4
Residents with bed sores.	3	2.9	7.0	7.1
Residents receiving special skin care.	17	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACARANDA MANOR

Street Address: 4250 66TH ST N	**City and State:** SAINT PETERSBURG FL 33709

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 299	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 287	**Medicare Residents:** 0	**Medicaid Residents:** 212

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	208	72.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	187	65.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	256	89.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	72.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	58.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	18.5	36.9	37.7
Completely bedfast residents.	1	0.3	3.0	3.4
Residents confined to chairs.	176	61.3	49.3	50.8
Residents requiring restraints.	61	21.3	40.4	41.3
Confused or disoriented residents.	182	63.4	61.2	58.4
Residents with bed sores.	15	5.2	7.0	7.1
Residents receiving special skin care.	155	54.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAJESTIC TOWERS HEALTH CTR

Street Address: 1255 PASADENA AVE S		**City and State:** SAINT PETERSBURG FL 33707	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	68.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	122	93.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	96	73.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	73.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	73.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	20	15.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	16.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	84	64.6	49.3	50.8
Residents requiring restraints.	48	36.9	40.4	41.3
Confused or disoriented residents.	91	70.0	61.2	58.4
Residents with bed sores.	6	4.6	7.0	7.1
Residents receiving special skin care.	25	19.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIA MANOR HEALTH CARE

Street Address: 10300 FOURTH ST N		**City and State:** SAINT PETERSBURG FL 33702	
Participation: MEDICAID SNF/ICF	**# of Beds:** 274	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
258	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	210	81.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	206	79.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	185	71.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	80.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	183	70.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	101	39.1	36.9	37.7
Completely bedfast residents.	4	1.6	3.0	3.4
Residents confined to chairs.	113	43.8	49.3	50.8
Residents requiring restraints.	127	49.2	40.4	41.3
Confused or disoriented residents.	239	92.6	61.2	58.4
Residents with bed sores.	26	10.1	7.0	7.1
Residents receiving special skin care.	138	53.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENORAH MANOR INC

Street Address: 255 59TH ST N	**City and State:** SAINT PETERSBURG FL 33701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	81.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	92	78.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	64.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	57.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	65.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.6	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	66	56.4	49.3	50.8
Residents requiring restraints.	42	35.9	40.4	41.3
Confused or disoriented residents.	65	55.6	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	20	17.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH HORIZON HEALTH CARE CENTER

Street Address: 1301 16TH ST N		**City and State:** SAINT PETERSBURG FL 33705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	76.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	33	78.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	33	78.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	78.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	78.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.3	36.9	37.7
Completely bedfast residents.	1	2.4	3.0	3.4
Residents confined to chairs.	5	11.9	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	25	59.5	61.2	58.4
Residents with bed sores.	3	7.1	7.0	7.1
Residents receiving special skin care.	7	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PASADENA MANOR NH

Street Address: 1430 PASADENA AVE S		**City and State:** SAINT PETERSBURG FL 33707	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	93.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	82.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	77.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	62.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	32.7	36.9	37.7
Completely bedfast residents.	10	9.1	3.0	3.4
Residents confined to chairs.	66	60.0	49.3	50.8
Residents requiring restraints.	60	54.5	40.4	41.3
Confused or disoriented residents.	91	82.7	61.2	58.4
Residents with bed sores.	10	9.1	7.0	7.1
Residents receiving special skin care.	18	16.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEDALE MANOR

Street Address: 3479 54TH AVENUE NORTH	**City and State:** SAINT PETERSBURG FL 33714

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 189	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 1	**Medicaid Residents:** 139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	79.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	148	83.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	124	70.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	72.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	70.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	5.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	19.8	36.9	37.7
Completely bedfast residents.	1	0.6	3.0	3.4
Residents confined to chairs.	89	50.3	49.3	50.8
Residents requiring restraints.	70	39.5	40.4	41.3
Confused or disoriented residents.	122	68.9	61.2	58.4
Residents with bed sores.	11	6.2	7.0	7.1
Residents receiving special skin care.	44	24.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHORE ACRES NURS CONVALESCENT HOME

Street Address: 4500 INDIANAPOLIS ST NE	**City and State:** SAINT PETERSBURG FL 33703

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 6	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	73.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	73	78.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	70	75.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	63.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	37.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	62.4	49.3	50.8
Residents requiring restraints.	39	41.9	40.4	41.3
Confused or disoriented residents.	72	77.4	61.2	58.4
Residents with bed sores.	3	3.2	7.0	7.1
Residents receiving special skin care.	9	9.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH HERITAGE NURSING CENTER

Street Address: 718 LAKEVIEW AVE S	**City and State:** SAINT PETERSBURG FL 33705

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	23.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	60	84.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	69.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	29.6	36.9	37.7
Completely bedfast residents.	1	1.4	3.0	3.4
Residents confined to chairs.	18	25.4	49.3	50.8
Residents requiring restraints.	19	26.8	40.4	41.3
Confused or disoriented residents.	57	80.3	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	3	4.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNCOAST NH

Street Address: 2000 17TH AV S	**City and State:** SAINT PETERSBURG FL 33712

Participation: MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	87.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	41	75.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	59.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	42.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	53.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	14.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	18	33.3	49.3	50.8
Residents requiring restraints.	22	40.7	40.4	41.3
Confused or disoriented residents.	38	70.4	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	29	53.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWANHOLM NURSING AND REHAB CENTER

Street Address: 6200 CENTRAL AVE	**City and State:** SAINT PETERSBURG FL 33707

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 273	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	**Medicare Residents:** 11	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	177	94.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	173	92.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	163	86.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	83.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	149	79.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	50.0	36.9	37.7
Completely bedfast residents.	6	3.2	3.0	3.4
Residents confined to chairs.	66	35.1	49.3	50.8
Residents requiring restraints.	86	45.7	40.4	41.3
Confused or disoriented residents.	106	56.4	61.2	58.4
Residents with bed sores.	27	14.4	7.0	7.1
Residents receiving special skin care.	48	25.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ABBEY

Street Address: 7101 9TH STREET NORTH	**City and State:** SAINT PETERSBURG FL 33702

Participation: MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	95.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	90.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	83.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	68.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	79.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	15	10.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	40.1	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	87	61.3	49.3	50.8
Residents requiring restraints.	78	54.9	40.4	41.3
Confused or disoriented residents.	101	71.1	61.2	58.4
Residents with bed sores.	7	4.9	7.0	7.1
Residents receiving special skin care.	27	19.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE HUBER RESTORIUM

Street Address: 521 69TH AVE N	**City and State:** SAINT PETERSBURG FL 33702

Participation: MEDICARE SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	89.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	82	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	60	64.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	67.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	80.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.4	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	30	32.3	49.3	50.8
Residents requiring restraints.	40	43.0	40.4	41.3
Confused or disoriented residents.	67	72.0	61.2	58.4
Residents with bed sores.	1	1.1	7.0	7.1
Residents receiving special skin care.	27	29.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TYRONE MEDICAL INN

Street Address: 1100 66TH ST N		**City and State:** SAINT PETERSBURG FL 33710	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	94.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	73.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.0	36.9	37.7
Completely bedfast residents.	1	1.9	3.0	3.4
Residents confined to chairs.	30	56.6	49.3	50.8
Residents requiring restraints.	32	60.4	40.4	41.3
Confused or disoriented residents.	42	79.2	61.2	58.4
Residents with bed sores.	4	7.5	7.0	7.1
Residents receiving special skin care.	14	26.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VICTORIA MARTIN NH

Street Address: 555-31ST ST S	**City and State:** SAINT PETERSBURG FL 33712

Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	38.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	27	79.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	25	73.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	61.8	36.9	37.7
Completely bedfast residents.	1	2.9	3.0	3.4
Residents confined to chairs.	20	58.8	49.3	50.8
Residents requiring restraints.	11	32.4	40.4	41.3
Confused or disoriented residents.	9	26.5	61.2	58.4
Residents with bed sores.	1	2.9	7.0	7.1
Residents receiving special skin care.	12	35.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAM MARY NURSING HOTEL

Street Address: 811 JACKSON ST N		**City and State:** SAINT PETERSBURG FL 33705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	81.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	44	74.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	13.6	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	26	44.1	49.3	50.8
Residents requiring restraints.	17	28.8	40.4	41.3
Confused or disoriented residents.	39	66.1	61.2	58.4
Residents with bed sores.	6	10.2	7.0	7.1
Residents receiving special skin care.	6	10.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN HEALTHCARE CENTER

Street Address: 950 MELLONVILLE AVENUE	**City and State:** SANFORD FL 32771

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	78.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	77.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	73.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	66.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	65.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	21.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	40	47.6	49.3	50.8
Residents requiring restraints.	45	53.6	40.4	41.3
Confused or disoriented residents.	55	65.5	61.2	58.4
Residents with bed sores.	7	8.3	7.0	7.1
Residents receiving special skin care.	2	2.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENEVA NURSING PAVILION

Street Address: 741 S BENEVA ROAD		**City and State:** SARASOTA FL 33582	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	3	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	78.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	82.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	78.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	79.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	70.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	36.8	36.9	37.7
Completely bedfast residents.	2	1.8	3.0	3.4
Residents confined to chairs.	54	47.4	49.3	50.8
Residents requiring restraints.	53	46.5	40.4	41.3
Confused or disoriented residents.	70	61.4	61.2	58.4
Residents with bed sores.	5	4.4	7.0	7.1
Residents receiving special skin care.	7	6.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURZENSKI NH

Street Address: 4450 8TH ST	**City and State:** SARASOTA FL 33580

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	96.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	53	89.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	39.0	36.9	37.7
Completely bedfast residents.	2	3.4	3.0	3.4
Residents confined to chairs.	45	76.3	49.3	50.8
Residents requiring restraints.	30	50.8	40.4	41.3
Confused or disoriented residents.	39	66.1	61.2	58.4
Residents with bed sores.	5	8.5	7.0	7.1
Residents receiving special skin care.	15	25.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST MANOR MEDICAL CARE CENTER

Street Address: 1524 S EAST AVE		**City and State:** SARASOTA FL 33579	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	7	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	75.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	118	79.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	105	70.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	77.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	69.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	48.3	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	70	47.0	49.3	50.8
Residents requiring restraints.	77	51.7	40.4	41.3
Confused or disoriented residents.	94	63.1	61.2	58.4
Residents with bed sores.	11	7.4	7.0	7.1
Residents receiving special skin care.	22	14.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CTR OF SARASOTA

Street Address: 5640 RAND BLVD		**City and State:** SARASOTA FL 33583	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	8	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	84.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	82.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	53	91.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	79.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.6	36.9	37.7
Completely bedfast residents.	2	3.4	3.0	3.4
Residents confined to chairs.	15	25.9	49.3	50.8
Residents requiring restraints.	16	27.6	40.4	41.3
Confused or disoriented residents.	40	69.0	61.2	58.4
Residents with bed sores.	6	10.3	7.0	7.1
Residents receiving special skin care.	4	6.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
J H FLOYD SUNSHINE MANOR

Street Address: 1755 18TH ST		**City and State:** SARASOTA FL 33578	
Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	68.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	73.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	43	67.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	68.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	29.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	39.1	49.3	50.8
Residents requiring restraints.	4	6.3	40.4	41.3
Confused or disoriented residents.	12	18.8	61.2	58.4
Residents with bed sores.	2	3.1	7.0	7.1
Residents receiving special skin care.	2	3.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENSINGTON MANOR

Street Address: 3250 12ST ST	**City and State:** SARASOTA FL 33577

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	88.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	82.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	70.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	68.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	67.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	39.1	36.9	37.7
Completely bedfast residents.	12	9.0	3.0	3.4
Residents confined to chairs.	60	45.1	49.3	50.8
Residents requiring restraints.	38	28.6	40.4	41.3
Confused or disoriented residents.	79	59.4	61.2	58.4
Residents with bed sores.	9	6.8	7.0	7.1
Residents receiving special skin care.	15	11.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF SARASOTA

Street Address: 5511 SWIFT ROAD		**City and State:** SARASOTA FL 33581	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	7	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	79.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	83.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	74.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	76.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.7	36.9	37.7
Completely bedfast residents.	3	3.1	3.0	3.4
Residents confined to chairs.	45	46.4	49.3	50.8
Residents requiring restraints.	30	30.9	40.4	41.3
Confused or disoriented residents.	44	45.4	61.2	58.4
Residents with bed sores.	11	11.3	7.0	7.1
Residents receiving special skin care.	22	22.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK POINTE MANOR

Street Address: 1507 S TUTTLE AVE		**City and State:** SARASOTA FL 33579	
Participation: MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	81.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	71	81.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	53	60.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	51.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	58.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	27.6	36.9	37.7
Completely bedfast residents.	2	2.3	3.0	3.4
Residents confined to chairs.	31	35.6	49.3	50.8
Residents requiring restraints.	25	28.7	40.4	41.3
Confused or disoriented residents.	46	52.9	61.2	58.4
Residents with bed sores.	7	8.0	7.0	7.1
Residents receiving special skin care.	30	34.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENTS PARK OF SARASOTA

Street Address: 7848 BENEVA RD	**City and State:** SARASOTA FL 33583

Participation: MEDICARE SNF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	92.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	35	85.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	85.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	82.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	19.5	36.9	37.7
Completely bedfast residents.	2	4.9	3.0	3.4
Residents confined to chairs.	16	39.0	49.3	50.8
Residents requiring restraints.	13	31.7	40.4	41.3
Confused or disoriented residents.	17	41.5	61.2	58.4
Residents with bed sores.	3	7.3	7.0	7.1
Residents receiving special skin care.	22	53.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARASOTA NURSING PAVILION

Street Address: 2600 COURTLAND ST	**City and State:** SARASOTA FL 33577

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 2	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	74.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	143	85.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	139	83.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	76.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	64.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	22.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	63	37.7	49.3	50.8
Residents requiring restraints.	67	40.1	40.4	41.3
Confused or disoriented residents.	112	67.1	61.2	58.4
Residents with bed sores.	20	12.0	7.0	7.1
Residents receiving special skin care.	74	44.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARASOTA WELFARE HOME INC

Street Address: 1501 N ORANGE AVE		**City and State:** SARASOTA FL 33577	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
187	0	159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	73.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	117	62.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	43.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	81.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	40.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	16	8.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	21.9	36.9	37.7
Completely bedfast residents.	2	1.1	3.0	3.4
Residents confined to chairs.	38	20.3	49.3	50.8
Residents requiring restraints.	29	15.5	40.4	41.3
Confused or disoriented residents.	81	43.3	61.2	58.4
Residents with bed sores.	3	1.6	7.0	7.1
Residents receiving special skin care.	29	15.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGWOOD NURSING CENTER

Street Address: 4602 NORTHGATE COURT	**City and State:** SARASOTA FL 33580

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 3	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	97.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	97.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	65.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	49.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	58.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	7.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.4	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	58	50.4	49.3	50.8
Residents requiring restraints.	33	28.7	40.4	41.3
Confused or disoriented residents.	62	53.9	61.2	58.4
Residents with bed sores.	4	3.5	7.0	7.1
Residents receiving special skin care.	9	7.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYSIDE REST HOME

Street Address: 5201 BAHIA VISTA		**City and State:** SARASOTA FL 33580	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	85.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	85.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	53	88.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	81.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	85.0	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	39	65.0	49.3	50.8
Residents requiring restraints.	17	28.3	40.4	41.3
Confused or disoriented residents.	28	46.7	61.2	58.4
Residents with bed sores.	1	1.7	7.0	7.1
Residents receiving special skin care.	13	21.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEBRING CARE CENTER

Street Address: 3011 KENILWORTH BLVD	**City and State:** SEBRING FL 33870

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 2	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	92.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	77.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	83.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	61.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	48.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	55	53.9	49.3	50.8
Residents requiring restraints.	34	33.3	40.4	41.3
Confused or disoriented residents.	63	61.8	61.2	58.4
Residents with bed sores.	4	3.9	7.0	7.1
Residents receiving special skin care.	16	15.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE PALMS HEALTH CARE CENTER

Street Address: 725 S PINE ST		**City and State:** SEBRING FL 33870	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	7	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	91.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	93.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	89.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	88.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	61.6	36.9	37.7
Completely bedfast residents.	5	5.1	3.0	3.4
Residents confined to chairs.	76	76.8	49.3	50.8
Residents requiring restraints.	82	82.8	40.4	41.3
Confused or disoriented residents.	87	87.9	61.2	58.4
Residents with bed sores.	9	9.1	7.0	7.1
Residents receiving special skin care.	99	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEMINOLE NURSING PAVILLION

Street Address: 10800 TEMPLE TERRACE		**City and State:** SEMINOLE FL 33542	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	5	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	83.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	92.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	90.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	88.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	86.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	16.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	51	43.6	49.3	50.8
Residents requiring restraints.	66	56.4	40.4	41.3
Confused or disoriented residents.	70	59.8	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	39	33.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN WOODS

Street Address: 7030 EVERGREEN WOODS TRAIL	**City and State:** SPRING HILL FL 33526

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 1	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	87.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	84.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	86.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.9	36.9	37.7
Completely bedfast residents.	6	10.5	3.0	3.4
Residents confined to chairs.	15	26.3	49.3	50.8
Residents requiring restraints.	28	49.1	40.4	41.3
Confused or disoriented residents.	29	50.9	61.2	58.4
Residents with bed sores.	3	5.3	7.0	7.1
Residents receiving special skin care.	57	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHISPERING PINES CARE CTR

Street Address: 808 S COLLEY RD	**City and State:** STARKE FL 32091

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	90.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	79.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	75.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	74.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	78.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	8.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	36.0	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	38	33.3	49.3	50.8
Residents requiring restraints.	27	23.7	40.4	41.3
Confused or disoriented residents.	66	57.9	61.2	58.4
Residents with bed sores.	8	7.0	7.0	7.1
Residents receiving special skin care.	32	28.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STUART CONVALESCENT CENTER

Street Address: 1500 PALM BEACH RD	**City and State:** STUART FL 33494

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	**Medicare Residents:** 1	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	91.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	166	92.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	117	65.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	64.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	60.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	31.3	36.9	37.7
Completely bedfast residents.	5	2.8	3.0	3.4
Residents confined to chairs.	99	55.3	49.3	50.8
Residents requiring restraints.	21	11.7	40.4	41.3
Confused or disoriented residents.	102	57.0	61.2	58.4
Residents with bed sores.	18	10.1	7.0	7.1
Residents receiving special skin care.	18	10.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN TERRACE HEALTH CARE CENTER

Street Address: 105 TRINITY LAKES DRIVE	**City and State:** SUN CITY CENTER FL 33570

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 5	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	78.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	89.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	89	87.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	85.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	67.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	41.2	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	51	50.0	49.3	50.8
Residents requiring restraints.	32	31.4	40.4	41.3
Confused or disoriented residents.	53	52.0	61.2	58.4
Residents with bed sores.	5	4.9	7.0	7.1
Residents receiving special skin care.	25	24.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRISE HEALTH CENTER

Street Address: 4800 NOB HILL RD		**City and State:** SUNRISE FL 33321	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
230	3	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	230	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	215	93.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	178	77.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	230	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	171	74.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	25	10.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	29.1	36.9	37.7
Completely bedfast residents.	6	2.6	3.0	3.4
Residents confined to chairs.	151	65.7	49.3	50.8
Residents requiring restraints.	94	40.9	40.4	41.3
Confused or disoriented residents.	141	61.3	61.2	58.4
Residents with bed sores.	22	9.6	7.0	7.1
Residents receiving special skin care.	102	44.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITAL HEALTH CARE CENTER

Street Address: 3333 CAPITAL MEDICAL BLVD	**City and State:** TALLAHASSEE FL 32308

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	91.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	105	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	97	81.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	69.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	32	26.9	49.3	50.8
Residents requiring restraints.	51	42.9	40.4	41.3
Confused or disoriented residents.	70	58.8	61.2	58.4
Residents with bed sores.	6	5.0	7.0	7.1
Residents receiving special skin care.	54	45.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTERVILLE CARE CENTER

Street Address: 2255 CENTERVILLE RD	**City and State:** TALLAHASSEE FL 32317

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	99.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	85.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	67.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	67.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	67.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	11.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	35	32.7	49.3	50.8
Residents requiring restraints.	14	13.1	40.4	41.3
Confused or disoriented residents.	72	67.3	61.2	58.4
Residents with bed sores.	6	5.6	7.0	7.1
Residents receiving special skin care.	31	29.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTH CARE CENTER

Street Address: 1815 GINGER DRIVE	**City and State:** TALLAHASSEE FL 32308

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 4	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	77.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	76.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	76.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	76.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	53.5	36.9	37.7
Completely bedfast residents.	4	3.5	3.0	3.4
Residents confined to chairs.	50	43.9	49.3	50.8
Residents requiring restraints.	60	52.6	40.4	41.3
Confused or disoriented residents.	72	63.2	61.2	58.4
Residents with bed sores.	6	5.3	7.0	7.1
Residents receiving special skin care.	52	45.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIRACLE HILL NURSING CONV HOME

Street Address: 1329 ABRAHAM ST	**City and State:** TALLAHASSEE FL 32304

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	58.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	51	85.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	11	18.3	49.3	50.8
Residents requiring restraints.	24	40.0	40.4	41.3
Confused or disoriented residents.	36	60.0	61.2	58.4
Residents with bed sores.	5	8.3	7.0	7.1
Residents receiving special skin care.	2	3.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TALLAHASSEE CONVALESCENT HOME

Street Address: 2510 MICCOSUKEE ROAD		**City and State:** TALLAHASSEE FL 32308	
Participation: MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	91.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	43	75.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	56.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	50.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	47.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	7.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	38.6	36.9	37.7
Completely bedfast residents.	3	5.3	3.0	3.4
Residents confined to chairs.	4	7.0	49.3	50.8
Residents requiring restraints.	21	36.8	40.4	41.3
Confused or disoriented residents.	6	10.5	61.2	58.4
Residents with bed sores.	3	5.3	7.0	7.1
Residents receiving special skin care.	25	43.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TALLAHASSEE MEMORIAL REGIONAL MED CTR

Street Address: 1609 MEDICAL DR	**City and State:** TALLAHASSEE FL 32303

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	85.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	85.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	88.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	85.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	90.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	36.7	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	38	63.3	49.3	50.8
Residents requiring restraints.	40	66.7	40.4	41.3
Confused or disoriented residents.	35	58.3	61.2	58.4
Residents with bed sores.	10	16.7	7.0	7.1
Residents receiving special skin care.	14	23.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TALLAHASSEE MEMORIAL REGIONAL MED ECF

Street Address: 1609 MEDICAL DR	**City and State:** TALLAHASSEE FL 32308

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 20	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	37	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	86.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	8.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	91.9	36.9	37.7
Completely bedfast residents.	4	10.8	3.0	3.4
Residents confined to chairs.	31	83.8	49.3	50.8
Residents requiring restraints.	20	54.1	40.4	41.3
Confused or disoriented residents.	15	40.5	61.2	58.4
Residents with bed sores.	5	13.5	7.0	7.1
Residents receiving special skin care.	37	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAMARAC CONVALESCENT CENTER

Street Address: 7901 NW 88TH AVE	**City and State:** TAMARAC FL 33320

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	97.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	108	94.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	84	73.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	38.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	7.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	43.0	36.9	37.7
Completely bedfast residents.	5	4.4	3.0	3.4
Residents confined to chairs.	53	46.5	49.3	50.8
Residents requiring restraints.	60	52.6	40.4	41.3
Confused or disoriented residents.	65	57.0	61.2	58.4
Residents with bed sores.	7	6.1	7.0	7.1
Residents receiving special skin care.	14	12.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY TO BAY NURSING CENTER

Street Address: 3405 BAY TO BAY BLVD	**City and State:** TAMPA FL 33609

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	75.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	91.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	65.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	81.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	86.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	16.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	57	79.2	49.3	50.8
Residents requiring restraints.	47	65.3	40.4	41.3
Confused or disoriented residents.	64	88.9	61.2	58.4
Residents with bed sores.	24	33.3	7.0	7.1
Residents receiving special skin care.	2	2.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE CONVALESCENT CENTER

Street Address: 9709 N NEBRASKA AV		**City and State:** TAMPA FL 33612	
Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	97.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	61	88.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	81.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	78.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	79.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	44.9	36.9	37.7
Completely bedfast residents.	4	5.8	3.0	3.4
Residents confined to chairs.	49	71.0	49.3	50.8
Residents requiring restraints.	49	71.0	40.4	41.3
Confused or disoriented residents.	62	89.9	61.2	58.4
Residents with bed sores.	3	4.3	7.0	7.1
Residents receiving special skin care.	4	5.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLLWOOD CARE CENTER

Street Address: 15002 HUTCHINSON DR	**City and State:** TAMPA FL 33625

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 4	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	66.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	62.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	76.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	16.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	28.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	27	36.0	49.3	50.8
Residents requiring restraints.	20	26.7	40.4	41.3
Confused or disoriented residents.	34	45.3	61.2	58.4
Residents with bed sores.	5	6.7	7.0	7.1
Residents receiving special skin care.	9	12.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN KNOX VILLAGE MEDICAL CENTER

Street Address: 4100 E FLETCHER AVE	**City and State:** TAMPA FL 33612

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	63.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	74	82.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	66	73.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	73.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	54.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	25.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	30	33.3	49.3	50.8
Residents requiring restraints.	23	25.6	40.4	41.3
Confused or disoriented residents.	38	42.2	61.2	58.4
Residents with bed sores.	8	8.9	7.0	7.1
Residents receiving special skin care.	10	11.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESHORE VILLAS HEALTH CARE CENTER

Street Address:	**City and State:**
16002 LAKESHORE VILLAS DR	TAMPA FL 33619

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	2	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	93.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	83.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	89	76.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	78.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	73.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	47.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	86	74.1	49.3	50.8
Residents requiring restraints.	22	19.0	40.4	41.3
Confused or disoriented residents.	48	41.4	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	21	18.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANHATTAN CONVALESCENT CTR

Street Address: 4610 S MANHATTAN AV		**City and State:** TAMPA FL 33611	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
172	1	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	90.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	154	89.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	154	89.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	84.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	154	89.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	5.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	31.4	36.9	37.7
Completely bedfast residents.	6	3.5	3.0	3.4
Residents confined to chairs.	109	63.4	49.3	50.8
Residents requiring restraints.	39	22.7	40.4	41.3
Confused or disoriented residents.	67	39.0	61.2	58.4
Residents with bed sores.	10	5.8	7.0	7.1
Residents receiving special skin care.	32	18.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICENTER OF TAMPA

Street Address: 4411 N HABANA AVE	**City and State:** TAMPA FL 33614

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 13	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	86.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	151	95.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	115	72.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	83.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	83.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	24.7	36.9	37.7
Completely bedfast residents.	3	1.9	3.0	3.4
Residents confined to chairs.	79	50.0	49.3	50.8
Residents requiring restraints.	70	44.3	40.4	41.3
Confused or disoriented residents.	78	49.4	61.2	58.4
Residents with bed sores.	12	7.6	7.0	7.1
Residents receiving special skin care.	10	6.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD PARK SU CASA INC

Street Address: 1514 E CHELSEA ST	**City and State:** TAMPA FL 33610

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 226	**Medicare Residents:** 0	**Medicaid Residents:** 202

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	191	84.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	182	80.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	166	73.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	73.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	166	73.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	134	59.3	36.9	37.7
Completely bedfast residents.	10	4.4	3.0	3.4
Residents confined to chairs.	146	64.6	49.3	50.8
Residents requiring restraints.	51	22.6	40.4	41.3
Confused or disoriented residents.	100	44.2	61.2	58.4
Residents with bed sores.	15	6.6	7.0	7.1
Residents receiving special skin care.	171	75.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PADGETT NH

Street Address: 5010 40TH ST	**City and State:** TAMPA FL 33610

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	94.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	92	96.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	94.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	94.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	94.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.5	36.9	37.7
Completely bedfast residents.	13	13.7	3.0	3.4
Residents confined to chairs.	48	50.5	49.3	50.8
Residents requiring restraints.	80	84.2	40.4	41.3
Confused or disoriented residents.	80	84.2	61.2	58.4
Residents with bed sores.	6	6.3	7.0	7.1
Residents receiving special skin care.	90	94.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDEN

Street Address: 3612 138TH AVE	**City and State:** TAMPA FL 33612

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 3	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	69.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	30	76.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	29	74.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	64.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	43.6	36.9	37.7
Completely bedfast residents.	1	2.6	3.0	3.4
Residents confined to chairs.	18	46.2	49.3	50.8
Residents requiring restraints.	22	56.4	40.4	41.3
Confused or disoriented residents.	23	59.0	61.2	58.4
Residents with bed sores.	8	20.5	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER HEIGHTS NH

Street Address: 2730 RIDGEWOOD AVE	**City and State:** TAMPA FL 33602

Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	65.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	23	56.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	23	56.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	56.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	9.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	36.9	37.7
Completely bedfast residents.	1	2.4	3.0	3.4
Residents confined to chairs.	14	34.1	49.3	50.8
Residents requiring restraints.	9	22.0	40.4	41.3
Confused or disoriented residents.	20	48.8	61.2	58.4
Residents with bed sores.	3	7.3	7.0	7.1
Residents receiving special skin care.	4	9.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAMPA HEALTH CARE CENTER

Street Address: 2916 HABANA WAY	**City and State:** TAMPA FL 33614

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 1	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	90.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	121	82.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	120	82.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	69.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	69.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	39.0	36.9	37.7
Completely bedfast residents.	11	7.5	3.0	3.4
Residents confined to chairs.	72	49.3	49.3	50.8
Residents requiring restraints.	50	34.2	40.4	41.3
Confused or disoriented residents.	94	64.4	61.2	58.4
Residents with bed sores.	12	8.2	7.0	7.1
Residents receiving special skin care.	17	11.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE AMBROSIA HOME

Street Address: 1709 TALIAFERRO AVENUE	**City and State:** TAMPA FL 33602

Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	2.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	76	97.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	87.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	87.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	80.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	76	97.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	84.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	47	60.3	49.3	50.8
Residents requiring restraints.	70	89.7	40.4	41.3
Confused or disoriented residents.	77	98.7	61.2	58.4
Residents with bed sores.	2	2.6	7.0	7.1
Residents receiving special skin care.	78	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CANTERBURY TOWER

Street Address: 3501 BAYSHORE BLVD	**City and State:** TAMPA FL 33609

Participation: MEDICARE SNF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	62.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	77.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	70.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	67.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	8	20.0	49.3	50.8
Residents requiring restraints.	16	40.0	40.4	41.3
Confused or disoriented residents.	21	52.5	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	5	12.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE HOME ASSOCIATION

Street Address: 1203 22ND AVE	**City and State:** TAMPA FL 33605

Participation: MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	67.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	31	36.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	26	30.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	24.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	23.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	8.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	7	8.1	49.3	50.8
Residents requiring restraints.	10	11.6	40.4	41.3
Confused or disoriented residents.	39	45.3	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	4	4.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN COUNTRY CONVALESCENT CENTER

Street Address: 8720 JACKSON SPRINGS ROAD		**City and State:** TAMPA FL 33615	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	3	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	83.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	88.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	37.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	83.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	14	12.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	42.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	86	76.8	49.3	50.8
Residents requiring restraints.	64	57.1	40.4	41.3
Confused or disoriented residents.	79	70.5	61.2	58.4
Residents with bed sores.	7	6.3	7.0	7.1
Residents receiving special skin care.	49	43.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY PARK CONVALESCENT CENTER

Street Address: 1818 E FLETCHER AVE	**City and State:** TAMPA FL 33612

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 266	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 259	**Medicare Residents:** 3	**Medicaid Residents:** 185

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	216	83.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	228	88.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	216	83.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	75.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	196	75.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	1.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	106	40.9	36.9	37.7
Completely bedfast residents.	33	12.7	3.0	3.4
Residents confined to chairs.	162	62.5	49.3	50.8
Residents requiring restraints.	117	45.2	40.4	41.3
Confused or disoriented residents.	164	63.3	61.2	58.4
Residents with bed sores.	31	12.0	7.0	7.1
Residents receiving special skin care.	109	42.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELLINGTON MANOR

Street Address: 10049 FLORIDA AVE	**City and State:** TAMPA FL 33612

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 0	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	90.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	150	91.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	128	78.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	79.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	81.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	6.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	30.5	36.9	37.7
Completely bedfast residents.	4	2.4	3.0	3.4
Residents confined to chairs.	134	81.7	49.3	50.8
Residents requiring restraints.	69	42.1	40.4	41.3
Confused or disoriented residents.	140	85.4	61.2	58.4
Residents with bed sores.	13	7.9	7.0	7.1
Residents receiving special skin care.	103	62.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLANDS NURSING CENTER

Street Address: 13806 N 46TH ST	**City and State:** TAMPA FL 33613

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	68.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	93	79.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	107	91.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	68.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	24	20.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	19.7	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	53	45.3	49.3	50.8
Residents requiring restraints.	41	35.0	40.4	41.3
Confused or disoriented residents.	47	40.2	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	35	29.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PARK LODGE TARPON SPRINGS

Street Address: 900 BECKETT WAY	**City and State:** TARPON SPRINGS FL 33589

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 4	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	81.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	85.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	91	78.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	79.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	70.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	35.3	36.9	37.7
Completely bedfast residents.	3	2.6	3.0	3.4
Residents confined to chairs.	67	57.8	49.3	50.8
Residents requiring restraints.	42	36.2	40.4	41.3
Confused or disoriented residents.	61	52.6	61.2	58.4
Residents with bed sores.	12	10.3	7.0	7.1
Residents receiving special skin care.	48	41.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TARPON HEALTH CARE CENTER

Street Address: 501 SOUTH WALTON AVE	**City and State:** TARPON SPRINGS FL 33589

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	71.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	80.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	76.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	86.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	74.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	8.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	51.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	67	69.1	49.3	50.8
Residents requiring restraints.	44	45.4	40.4	41.3
Confused or disoriented residents.	44	45.4	61.2	58.4
Residents with bed sores.	11	11.3	7.0	7.1
Residents receiving special skin care.	58	59.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TARPON SPRINGS CONVALESCENT CENTER

Street Address: 515 CHESAPEAKE DR	**City and State:** TARPON SPRINGS FL 33589

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 1	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	44.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	88	85.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	87.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	83.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	82.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	49.5	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	79	76.7	49.3	50.8
Residents requiring restraints.	34	33.0	40.4	41.3
Confused or disoriented residents.	50	48.5	61.2	58.4
Residents with bed sores.	5	4.9	7.0	7.1
Residents receiving special skin care.	35	34.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANTATION KEY CONVALESCENT CENTER

Street Address: 48 HIGH POINT ROAD	**City and State:** TAVERNIER FL 33070

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	72.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	58	84.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	48	69.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	24.6	36.9	37.7
Completely bedfast residents.	3	4.3	3.0	3.4
Residents confined to chairs.	16	23.2	49.3	50.8
Residents requiring restraints.	29	42.0	40.4	41.3
Confused or disoriented residents.	37	53.6	61.2	58.4
Residents with bed sores.	4	5.8	7.0	7.1
Residents receiving special skin care.	6	8.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOWES NURSING CONVALESCENT HOME

Street Address: PO BOX 187	**City and State:** THONOTOSASSA FL 33592

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	84.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	160	90.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	140	79.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	72.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	71.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	15	8.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	31.3	36.9	37.7
Completely bedfast residents.	25	14.2	3.0	3.4
Residents confined to chairs.	89	50.6	49.3	50.8
Residents requiring restraints.	86	48.9	40.4	41.3
Confused or disoriented residents.	136	77.3	61.2	58.4
Residents with bed sores.	13	7.4	7.0	7.1
Residents receiving special skin care.	104	59.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TITUSVILLE NURSING CONVALESCENT CEN

Street Address: 1705 JESS PARRISH COURT	**City and State:** TITUSVILLE FL 32796

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	84.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	136	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	121	77.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	73.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	81.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	32.7	36.9	37.7
Completely bedfast residents.	6	3.8	3.0	3.4
Residents confined to chairs.	100	64.1	49.3	50.8
Residents requiring restraints.	75	48.1	40.4	41.3
Confused or disoriented residents.	110	70.5	61.2	58.4
Residents with bed sores.	9	5.8	7.0	7.1
Residents receiving special skin care.	25	16.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA MANOR

Street Address: 1550 JESS PARRISH COURT		**City and State:** TITUSVILLE FL 32781	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 3	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	64.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	88.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	55.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	65.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	6.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	25.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	50.0	49.3	50.8
Residents requiring restraints.	47	40.5	40.4	41.3
Confused or disoriented residents.	70	60.3	61.2	58.4
Residents with bed sores.	12	10.3	7.0	7.1
Residents receiving special skin care.	19	16.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDIC AYERS NURSING CENTER

Street Address: PO BOX 229	**City and State:** TRENTON FL 32693

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	99.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	74.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	79.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	71.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	71.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	50.4	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	32	26.9	49.3	50.8
Residents requiring restraints.	51	42.9	40.4	41.3
Confused or disoriented residents.	78	65.5	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	4	3.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTHCARE CENTER VENICE

Street Address: 1026 ALBEE FARM ROAD		**City and State:** VENICE FL 33595	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	1	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	60.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	63	62.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	60.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	48.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	57.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	33	32.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	17.8	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	36	35.6	49.3	50.8
Residents requiring restraints.	33	32.7	40.4	41.3
Confused or disoriented residents.	52	51.5	61.2	58.4
Residents with bed sores.	9	8.9	7.0	7.1
Residents receiving special skin care.	11	10.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEBROOK PLACE HEALTHCARE CENTER

Street Address: 1240 PINEBROOK RD		**City and State:** VENICE FL 33595	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 6	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	76.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	83	72.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	60.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	64.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	64.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	14.9	36.9	37.7
Completely bedfast residents.	4	3.5	3.0	3.4
Residents confined to chairs.	33	28.9	49.3	50.8
Residents requiring restraints.	55	48.2	40.4	41.3
Confused or disoriented residents.	57	50.0	61.2	58.4
Residents with bed sores.	4	3.5	7.0	7.1
Residents receiving special skin care.	60	52.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST FLORIDA HEALTH CARE CENTER

Street Address: 910 S TAMIAMI TRAIL	**City and State:** VENICE FL 33595

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	75.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	43	76.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	89.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	15	26.8	49.3	50.8
Residents requiring restraints.	31	55.4	40.4	41.3
Confused or disoriented residents.	33	58.9	61.2	58.4
Residents with bed sores.	2	3.6	7.0	7.1
Residents receiving special skin care.	16	28.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VENICE NURSING PAVILION N

Street Address: 437 S NOKOMIS AVE	**City and State:** VENICE FL 33595

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 12	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	91	66.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	119	86.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	110	80.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	74.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	68.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	24.8	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	47	34.3	49.3	50.8
Residents requiring restraints.	86	62.8	40.4	41.3
Confused or disoriented residents.	100	73.0	61.2	58.4
Residents with bed sores.	6	4.4	7.0	7.1
Residents receiving special skin care.	13	9.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VENICE NURSING PAVILION S

Street Address: 200 FIELD AVE E	**City and State:** VENICE FL 33595

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	88.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	94.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	79.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	83.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	71.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	23.3	36.9	37.7
Completely bedfast residents.	3	2.6	3.0	3.4
Residents confined to chairs.	49	42.2	49.3	50.8
Residents requiring restraints.	56	48.3	40.4	41.3
Confused or disoriented residents.	70	60.3	61.2	58.4
Residents with bed sores.	6	5.2	7.0	7.1
Residents receiving special skin care.	31	26.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN RIVER ESTATES

Street Address: 2250 INDIAN CREEK BLVD		**City and State:** VERO BEACH FL 32980	
Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	70.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	17	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	14	82.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	52.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	35.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	5	29.4	49.3	50.8
Residents requiring restraints.	2	11.8	40.4	41.3
Confused or disoriented residents.	4	23.5	61.2	58.4
Residents with bed sores.	3	17.6	7.0	7.1
Residents receiving special skin care.	3	17.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN RIVER VILLAGE CARE CENTER

Street Address: 1310 37TH ST	**City and State:** VERO BEACH FL 32960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	90.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	108	96.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	101	90.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	90.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	90.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	50.9	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	52	46.4	49.3	50.8
Residents requiring restraints.	9	8.0	40.4	41.3
Confused or disoriented residents.	76	67.9	61.2	58.4
Residents with bed sores.	9	8.0	7.0	7.1
Residents receiving special skin care.	21	18.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDEN

Street Address: 1755 37TH ST	**City and State:** VERO BEACH FL 32960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	61.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	19	73.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	12	46.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	65.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	38.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	19.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	4	15.4	49.3	50.8
Residents requiring restraints.	1	3.8	40.4	41.3
Confused or disoriented residents.	11	42.3	61.2	58.4
Residents with bed sores.	2	7.7	7.0	7.1
Residents receiving special skin care.	7	26.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL PALM CONVALESCENT CENTER

Street Address: 2180 10TH AVE	**City and State:** VERO BEACH FL 32960

Participation: MEDICARE SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	96.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	93.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	81.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	79.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	36.9	37.7
Completely bedfast residents.	2	3.4	3.0	3.4
Residents confined to chairs.	32	55.2	49.3	50.8
Residents requiring restraints.	23	39.7	40.4	41.3
Confused or disoriented residents.	39	67.2	61.2	58.4
Residents with bed sores.	1	1.7	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERO BEACH CARE CENTER

Street Address: 3663 15TH AV	**City and State:** VERO BEACH FL 32960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	75.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	75.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	67.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	66.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	63	61.2	49.3	50.8
Residents requiring restraints.	61	59.2	40.4	41.3
Confused or disoriented residents.	96	93.2	61.2	58.4
Residents with bed sores.	2	1.9	7.0	7.1
Residents receiving special skin care.	4	3.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARDEE MANOR NH

Street Address: 401 ORANGE PL		**City and State:** WAUCHULA FL 33873	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	88.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	88.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	69.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	77.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.0	36.9	37.7
Completely bedfast residents.	2	3.8	3.0	3.4
Residents confined to chairs.	51	96.2	49.3	50.8
Residents requiring restraints.	24	45.3	40.4	41.3
Confused or disoriented residents.	49	92.5	61.2	58.4
Residents with bed sores.	4	7.5	7.0	7.1
Residents receiving special skin care.	5	9.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CTR OF THE PALM BEACHES

Street Address: 300 15TH ST		**City and State:** WEST PALM BEACH FL 33401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	10	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	94.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	89.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	53.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.0	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	50	53.2	49.3	50.8
Residents requiring restraints.	24	25.5	40.4	41.3
Confused or disoriented residents.	42	44.7	61.2	58.4
Residents with bed sores.	12	12.8	7.0	7.1
Residents receiving special skin care.	49	52.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DARCY HALL NURSING HOME

Street Address: 2170 PALM BEACH LAKES BLVD	**City and State:** WEST PALM BEACH FL 33409

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 3	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	89.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	157	95.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	137	83.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	87.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	78.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	53.3	36.9	37.7
Completely bedfast residents.	13	7.9	3.0	3.4
Residents confined to chairs.	98	59.4	49.3	50.8
Residents requiring restraints.	97	58.8	40.4	41.3
Confused or disoriented residents.	130	78.8	61.2	58.4
Residents with bed sores.	11	6.7	7.0	7.1
Residents receiving special skin care.	18	10.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVERHILL CARE CENTER

Street Address: 5065 WALLIS ROAD	**City and State:** WEST PALM BEACH FL 33415

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 6	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	79.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	55.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	65	63.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	72.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	40.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	28.2	36.9	37.7
Completely bedfast residents.	2	1.9	3.0	3.4
Residents confined to chairs.	0	0.0	49.3	50.8
Residents requiring restraints.	21	20.4	40.4	41.3
Confused or disoriented residents.	41	39.8	61.2	58.4
Residents with bed sores.	9	8.7	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOSEPH L MORSE GERIATRIC CENTER

Street Address: 4847 FRED GLADSTONE DR	**City and State:** WEST PALM BEACH FL 33407

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	69.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	76	64.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	62.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	58.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	64.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	47	39.8	49.3	50.8
Residents requiring restraints.	29	24.6	40.4	41.3
Confused or disoriented residents.	73	61.9	61.2	58.4
Residents with bed sores.	5	4.2	7.0	7.1
Residents receiving special skin care.	57	48.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESIDE HEALTH CTR

Street Address: 2501 AUSTRALIAN AVE	**City and State:** WEST PALM BEACH FL 33407

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	70.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	61	66.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	66.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	59.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	60.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	29.3	36.9	37.7
Completely bedfast residents.	2	2.2	3.0	3.4
Residents confined to chairs.	57	62.0	49.3	50.8
Residents requiring restraints.	28	30.4	40.4	41.3
Confused or disoriented residents.	47	51.1	61.2	58.4
Residents with bed sores.	7	7.6	7.0	7.1
Residents receiving special skin care.	92	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOURDES NOREEN MCKEEN RESIDENCE

Street Address: 315 S FLAGLER DRIVE	**City and State:** WEST PALM BEACH FL 33401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 4	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	83.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	100	84.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	69.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	56.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	31	26.3	49.3	50.8
Residents requiring restraints.	32	27.1	40.4	41.3
Confused or disoriented residents.	14	11.9	61.2	58.4
Residents with bed sores.	3	2.5	7.0	7.1
Residents receiving special skin care.	39	33.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM BEACH CO HOME GENERAL CARE FAC

Street Address:	City and State:
1200 45TH ST	WEST PALM BEACH FL 33407

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	181	LOCAL GOVERNMENT	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	80.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	147	84.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	140	80.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	96.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	79.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	47.7	36.9	37.7
Completely bedfast residents.	4	2.3	3.0	3.4
Residents confined to chairs.	127	73.0	49.3	50.8
Residents requiring restraints.	34	19.5	40.4	41.3
Confused or disoriented residents.	90	51.7	61.2	58.4
Residents with bed sores.	13	7.5	7.0	7.1
Residents receiving special skin care.	24	13.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE KING DAVID CENTER AT PALM BEACH

Street Address: 1101 54TH ST		**City and State:** WEST PALM BEACH FL 33407	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 191	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 8	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	74.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	127	74.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	63.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	67.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	59.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	5.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	22.2	36.9	37.7
Completely bedfast residents.	2	1.2	3.0	3.4
Residents confined to chairs.	72	42.1	49.3	50.8
Residents requiring restraints.	73	42.7	40.4	41.3
Confused or disoriented residents.	105	61.4	61.2	58.4
Residents with bed sores.	9	5.3	7.0	7.1
Residents receiving special skin care.	11	6.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST PALM BEACH VILLAGE CARE CTR

Street Address: 1626 DAVIS RD		**City and State:** WEST PALM BEACH FL 33406	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	87.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	60.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	43	55.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	55.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	56.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	39.7	36.9	37.7
Completely bedfast residents.	2	2.6	3.0	3.4
Residents confined to chairs.	42	53.8	49.3	50.8
Residents requiring restraints.	24	30.8	40.4	41.3
Confused or disoriented residents.	55	70.5	61.2	58.4
Residents with bed sores.	7	9.0	7.0	7.1
Residents receiving special skin care.	25	32.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WECARE

Street Address: RR 3 BOX 490	**City and State:** WILDWOOD FL 32785

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	77.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	115	95.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	98	81.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	71.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	52.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	23.3	36.9	37.7
Completely bedfast residents.	3	2.5	3.0	3.4
Residents confined to chairs.	89	74.2	49.3	50.8
Residents requiring restraints.	35	29.2	40.4	41.3
Confused or disoriented residents.	54	45.0	61.2	58.4
Residents with bed sores.	6	5.0	7.0	7.1
Residents receiving special skin care.	36	30.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK VIEW CARE CENTER

Street Address: 301 NW 1ST AVENUE		**City and State:** WILLISTON FL 32696	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
177	1	149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	91.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	163	92.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	131	74.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	62.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	55.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	46.3	36.9	37.7
Completely bedfast residents.	1	0.6	3.0	3.4
Residents confined to chairs.	99	55.9	49.3	50.8
Residents requiring restraints.	70	39.5	40.4	41.3
Confused or disoriented residents.	102	57.6	61.2	58.4
Residents with bed sores.	12	6.8	7.0	7.1
Residents receiving special skin care.	27	15.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUALITY HEALTH CARE CENTER

Street Address: 941 EAST HIGHWAY 50		**City and State:** WINTER GARDEN FL 32787	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	77.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	76.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	60.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	59.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	54.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	34.2	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	37	31.6	49.3	50.8
Residents requiring restraints.	44	37.6	40.4	41.3
Confused or disoriented residents.	71	60.7	61.2	58.4
Residents with bed sores.	9	7.7	7.0	7.1
Residents receiving special skin care.	30	25.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST ORANGE MANOR

Street Address: 122 E DIVISION ST	**City and State:** WINTER GARDEN FL 32787

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	95.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	75.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	77.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	73.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.9	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	35	30.4	49.3	50.8
Residents requiring restraints.	21	18.3	40.4	41.3
Confused or disoriented residents.	52	45.2	61.2	58.4
Residents with bed sores.	6	5.2	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTER GARDEN HEALTH CARE CENTER

Street Address: 1600 W HIGHWAY 50		**City and State:** WINTER GARDEN FL 32787	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 4	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	62.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	60.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	67.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	67.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	17	14.9	49.3	50.8
Residents requiring restraints.	13	11.4	40.4	41.3
Confused or disoriented residents.	53	46.5	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	22	19.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRANDYWYNE CONVALESCENT CENTER

Street Address:	**City and State:**
1801 N LAKE MARIAM	WINTER HAVEN FL 33880

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	44.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	44.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	37.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	42.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	57.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	24	20.7	49.3	50.8
Residents requiring restraints.	30	25.9	40.4	41.3
Confused or disoriented residents.	51	44.0	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	31	26.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GROVEMONT NURS REHAB CTR

Street Address: 2 ST & AVE O NE		**City and State:** WINTER HAVEN FL 33880	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	81.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	82.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	66.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	58.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	60.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	10.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	22.3	36.9	37.7
Completely bedfast residents.	3	2.3	3.0	3.4
Residents confined to chairs.	68	52.3	49.3	50.8
Residents requiring restraints.	63	48.5	40.4	41.3
Confused or disoriented residents.	77	59.2	61.2	58.4
Residents with bed sores.	6	4.6	7.0	7.1
Residents receiving special skin care.	31	23.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM GARDENS

Street Address: 1120 CYPRESS GARDEN BLVD	**City and State:** WINTER HAVEN FL 33880

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	76.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	80.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	80.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	48.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	71.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	1.8	49.3	50.8
Residents requiring restraints.	6	10.7	40.4	41.3
Confused or disoriented residents.	32	57.1	61.2	58.4
Residents with bed sores.	3	5.4	7.0	7.1
Residents receiving special skin care.	17	30.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTER HAVEN HOSP INC SN UNIT

Street Address: 200 AVENUE F	**City and State:** WINTER HAVEN FL 33881

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 32	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	94.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	94.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	93.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	94.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	6.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	67.1	36.9	37.7
Completely bedfast residents.	10	13.2	3.0	3.4
Residents confined to chairs.	53	69.7	49.3	50.8
Residents requiring restraints.	21	27.6	40.4	41.3
Confused or disoriented residents.	34	44.7	61.2	58.4
Residents with bed sores.	18	23.7	7.0	7.1
Residents receiving special skin care.	58	76.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTH CARE CENTER

Street Address: 2075 LOCH LOMOND DRIVE		**City and State:** WINTER PARK FL 32792	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	7	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	76.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	96	76.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	84.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	88.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	92.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	31.7	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	26	20.6	49.3	50.8
Residents requiring restraints.	50	39.7	40.4	41.3
Confused or disoriented residents.	75	59.5	61.2	58.4
Residents with bed sores.	9	7.1	7.0	7.1
Residents receiving special skin care.	30	23.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY LEE DEPUGH NH

Street Address: 550 W MORSE BLVD	**City and State:** WINTER PARK FL 32789

Participation: MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	87.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	94.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	31	79.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	76.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	41.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	20	51.3	49.3	50.8
Residents requiring restraints.	20	51.3	40.4	41.3
Confused or disoriented residents.	34	87.2	61.2	58.4
Residents with bed sores.	2	5.1	7.0	7.1
Residents receiving special skin care.	8	20.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK LAKE HEALTH CARE CENTER

Street Address: 1700 MONROE AVE	**City and State:** WINTER PARK FL 32789

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 2	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	77.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	124	75.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	65.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	63.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	60.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	24.2	36.9	37.7
Completely bedfast residents.	8	4.8	3.0	3.4
Residents confined to chairs.	66	40.0	49.3	50.8
Residents requiring restraints.	64	38.8	40.4	41.3
Confused or disoriented residents.	86	52.1	61.2	58.4
Residents with bed sores.	31	18.8	7.0	7.1
Residents receiving special skin care.	17	10.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTER PARK CARE CENTER

Street Address: 2970 SCARLETT RD	**City and State:** WINTER PARK FL 32792

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 3	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	76.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	64.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	64.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	52.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	31.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	19	20.2	49.3	50.8
Residents requiring restraints.	17	18.1	40.4	41.3
Confused or disoriented residents.	44	46.8	61.2	58.4
Residents with bed sores.	3	3.2	7.0	7.1
Residents receiving special skin care.	5	5.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTER PARK TOWERS AND VILLAGE

Street Address: 111 S LAKEMONT AV		**City and State:** WINTER PARK FL 32972	
Participation: MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	95.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	87.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	64.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	81.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	36.4	36.9	37.7
Completely bedfast residents.	3	2.8	3.0	3.4
Residents confined to chairs.	41	38.3	49.3	50.8
Residents requiring restraints.	34	31.8	40.4	41.3
Confused or disoriented residents.	72	67.3	61.2	58.4
Residents with bed sores.	5	4.7	7.0	7.1
Residents receiving special skin care.	10	9.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF ZEPHYRHILLS

Street Address: 800 HENRY DR	**City and State:** ZEPHYRHILLS FL 34248

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	66.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	10	83.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	11	91.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	91.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	25.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	16.7	49.3	50.8
Residents requiring restraints.	10	83.3	40.4	41.3
Confused or disoriented residents.	8	66.7	61.2	58.4
Residents with bed sores.	2	16.7	7.0	7.1
Residents receiving special skin care.	9	75.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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